UNIVERSITY OF ALBERTA

Emancipatory Pedagogy in Nursing Education:

A Dialectical Analysis

by

Donna Marie Romyn

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfilment of the requirements for the degree Doctor of Philosophy.

Faculty of Nursing

Edmonton, Alberta, Canada

Spring 1998

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UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled **Emancipatory Pedagogy in Nursing Education: A Dialectical Analysis** submitted by Donna Marie Romyn in partial fulfilment of the requirements of the degree of Doctor of Philosophy.

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Abstract

Over the past decade there has been a call, by some nurse educators, for a new paradigm in nursing education - one which will liberate teachers and students of nursing from the authoritarian restraints of behaviorist models of nursing education. In this study, such a paradigm was termed emancipatory pedagogy. While numerous conceptions of emancipatory pedagogy in nursing education have been set forth in the published nursing literature, rarely have nurse educators engaged in debate with respect to them. As a result, the discourse related to it is diverse and fragmented.

The purpose of this study was to render the diversity of opinions regarding emancipatory pedagogy in nursing education more intelligible by constructing, from the published literature, controversies and issues that exist concerning it. Two questions guided this research: Are there controversies, both general and specific, that can be constructed from representative, selected published literature regarding emancipatory pedagogy in nursing education? And, if so, what are the structures of these controversies?

To answer these questions, the dialectic method developed by Adler (1958, 1961) was utilized. The study was carried out in three phases: (1) identification and selection of relevant literature, (2) selection and recording of relevant passages from the selected literature, and (3) analysis of the selected passages and construction of the controversies. Four subjects of special controversy concerning emancipatory pedagogy

in nursing education were identified including teaching which functions to (1) foster critical thinking; (2) construct egalitarian relations of power; (3) increase awareness of systematic gender-based injustices against nurses; and (4) transform oppressive social structures in nursing education and nursing practice. Common to all four of these subjects of special controversy was the notion that emancipatory pedagogy in nursing education functions as a political endeavor to free nurses from oppression. This broad notion of emancipatory pedagogy in nursing education served to delineate the subject of general controversy. Having identified the subjects of the general and special controversies, the conceptual, existential, and normative issues comprising each were then delineated.

This study contributes to a clearer understanding of emancipatory pedagogy in nursing education by setting forth the general and special controversies concerning it and by laying the groundwork for future philosophic debate of the issue which comprise those controversies. Ultimately, a clearer understanding of emancipatory pedagogy in nursing education will assist nurse educators in forming critical judgements regarding how such a pedagogy ought to be pursued and developed in nursing education.

Acknowledgments

To the many people who assisted in making this work possible, I would like to express my sincere appreciation.

To my supervisory committee, without whom this project would never have been completed, thank you for your support, encouragement and guidance. Each of you have contributed in a unique and special way. You have challenged me to think and to grow as a scholar and I thank you.

- Dr. June Kikuchi who, until her retirement, served as my supervisor, academic advisor and mentor.
- Dr. Marion Allen who graciously assumed the role of supervisor after June's retirement and fostered the completion of this work.
- Dr. Patricia Valentine and Dr. Debra Shogan who, as committee members, enhanced the substance of this work through their thoughtful questioning.
- And, finally, Dr. Jeanette Boman (University of Alberta) and Dr. Sally Thorne (University of British Columbia) who served as my external examiners and provided posed numerous thought-provoking questions which contributed yet further to the development of this work.

To my friends and colleagues who provided support and encouragement along the way, I extend my sincere appreciation.

And, finally, to my family, John, Kevin and Kim, thank you for your patience and understanding during the process.

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CHAPTER 1

INTRODUCTION

Overview

Over the past decade there has been a call, by some nurse educators, for a revolution in nursing education. This call has been in response to their growing awareness of nursing's social responsibility to work toward the transformation of patriarchal health care systems and concern that the behaviorist paradigm, which currently underpins much of nursing education, is not adequate in preparing nurses to effectively work toward this goal (Bevis & Watson, 1989; Moccia, 1990; Tanner, 1990a, 1990b). They argue that what is required instead is a paradigm which liberates teachers and students of nursing from the authoritarian constraints of behaviorist models of education (Bevis & Watson, 1989) and empowers them to challenge oppressive ideologies in nursing and health care and, consequently, become agents of social change (Owen-Mills, 1995). For the purpose of this study, such a paradigm has been broadly termed emancipatory, as has been pedagogy in nursing education which functions to free teachers and students of nursing to confront oppressive forces in nursing education and nursing practice with a view to eliminating the constraints they exert on nursing education and nursing practice.

Hedin and Donovan (1989), who base their opinions on the work of Friere (1970) and his model of oppressed group behavior, describe a "freeing" or emancipatory education as one which aims to liberate the individual "from a

submerged consciousness, a consciousness in which [he or she] accepts the world as given and something to be adapted to, and free[s] [him or her] to be fully human [and] ...critically engage the reality around [him or her]" (p. 9). Bevis and Murray (1990) and Middlemiss and Van Neste-Kenny (1994) suggest that as a result of emancipatory teaching, students become conscious of their own power to take charge of their own experiences.

Spence (1994) argues that if nursing education is to be liberated from its current behaviorist view of education, then the ways in which nursing education perpetuates patriarchal values of dominance and control need to be examined. Rather (1994) concurs with this view and holds that many of the "hidden" cultural and political meanings that contribute to oppressive practices within nursing education and nursing practice today can be exposed by first examining the historical context of nursing and nursing education.

Historical Context

Historically, characteristics such as deference, submissiveness, obedience, conformity, and selfless devotion were promoted by many nurses, and most physicians, as being indicative of a "good" nurse (Doering, 1992; Hughes, 1990; Roberts & Group, 1973). Despite the fact that nurses were expected to conform to such values, these views were not necessarily shared by all nurses and, as a result, conflicting ideological assumptions were evident among nurses regarding their place in a largely paternalistic hospital system. For example, Nightingale believed strongly in women's

suffrage and women's rights (Bunting & Campbell, 1990) and nurses such as Robb, Dock, and Nutting shared a mutual concern for the rights of women, a common frustration with the exploitation of nurses, and a common goal of unity for the profession (Poslunsny, 1989). However, nurses such as these, who sought improved working conditions and wages, were frequently denounced as being commercial and lacking proper womanly devotion to the profession (Melosch, 1982; Reverby, 1987).

Ashley (1975) contends that most early nursing leaders, including those involved in nursing education, did not seriously question male dominance in the health field nor did they question the long-range effects of women's subjugation to men. A notable exception, in her view, was Lavinia Dock who, in 1903, spoke of the threat of male domination. However, according to Ashley, Dock's concerns were not heard and nurses sought approval, not liberation, from male physicians. Nurses became "accomplices in their own subordination" (p. 1466) and subsequently relinquished control over their profession and the education of nurses. Furthermore, based on their beliefs in altruism, some nurses argued against increasing the basic educational requirements for the profession (Matejski, 1981; Reverby, 1987) and argued that professionalism and autonomy were not required, nor perhaps appropriate, in nursing (Bunting & Campbell, 1990; Hughes, 1990; Reverby, 1987). Ashley posits that the failure of early nurse leaders to identify with feminists who were intent on changing the social order of the time led to the failure of the nursing profession to liberate both nursing education and nursing practice. Consequently, nursing education took the

form of an apprenticeship and was absorbed into a paternalistic hospital system which was characterized by discriminatory attitudes towards women, and more specifically, nurses. Furthermore, according to Bent (1993), "superimposed on the training of nurses were...[oppressive] influences [such] as the military, the church, and codes of ethics that bound nurses to serve physicians" (p. 297).

Bevis (1988) notes that since the 1950s, nursing education has been based, in large part, on the behaviorist learning theory put forth in the Tyler (1950) model of curriculum instruction. Perry and Moss (1988/89) note that "nursing curricula based on this model usually utilize a four stage process of development: formulation of a philosophy; definition of the elements of the curriculum; selection and organization of content and learning experiences; and evaluation of learning outcomes in terms of overall objectives" (p. 36). Recently, the Tyler model has been criticized by many nurse educators as entailing a means-ends approach to teaching which conceals the assumptions of a behaviorist or instrumentalist view of education (Allen, 1990a, 1990b; Bevis, 1988; Diekelmann, 1988; Diekelmann, Allen, & Tanner, 1989; Moccia, 1990; Tanner, 1990b; Watson, 1988). Bevis and Murray (1990), basing their opinions on the work of Freire (1970), describe this approach to teaching in nursing as an oppressive "banking" conception of education in which the teacher assumes responsibility for imparting knowledge to the student who, in turn, assumes the role of a passive recipient. Bevis (1988, 1993) argues that while there is nothing inherently wrong with behaviorism, it is wrong to try to use it to address all of the needs of

nursing education. According to her, because it is "training-oriented and technical, [behaviorism]...is useful only for the technical aspects of nursing" (1988, p. 37). In keeping with this, Bevis and Watson (1989) argue that

> in nursing [education] Tylerian behaviorism...is not bad in and of itself. It is excellent for those aspects of the curriculum that are oriented toward memorization and skills. Its misuse has come in trying to make it uniformly applicable to all nursing curriculum matters and in limiting curriculum exploration to behaviorist theory. (p. 3)

As a potential solution, Munhall (1992) argues "for a synthesis of 'isms' where appropriate, and a respect for different pedagogical approaches for various purposes" (p. 371). However, what these 'isms' and approaches might be was left open to debate.

Since the mid-1970s, several nurse educators and nurse scholars have begun to explore different forms of pedagogy which are thought to be emancipatory in nature, including, for example, feminist pedagogy and critical pedagogy. Furthermore, nurse educators have been implored to incorporate such emancipatory pedagogies into their practice. However, despite a seemingly shared view that nursing education ought to include an emancipatory outcome, considerable diversity of opinion exists among nurse educators as to how emancipatory pedagogy in nursing education functions, or should function, in attaining this end.

Functions of Emancipatory Pedagogy in Nursing Education

Most authors writing about emancipatory pedagogy in nursing education view it as a preferred alternative to the current behaviorist model of nursing education.

Contrary to the views of nurse educators who subscribe to the behaviorist model of nursing education, Diekelmann (1988) and McAllister and Ryan (1995) posit that neither the facilitation of learning nor the transmission of information are the essential processes in nursing education. In their view, the essential processes in nursing education include the initiation and maintenance of dialogue through which issues of power and control are made visible and become part of the substance of the curriculum.

In keeping with these views, some nurse educators and scholars conceptualize emancipatory pedagogy in nursing education as functioning to foster critical thinking among students and teachers of nursing. Critical thinking, according to them, demands that teachers and students of nursing develop critical consciousness by reflecting on commonly held beliefs and assumptions in nursing education and nursing practice so that they can acquire knowledge about and gain "power over forces which control and shape their lives" (French & Cross, 1992, p. 84). According to the authors who share this conceptualization of emancipatory pedagogy in nursing education, fostering critical thinking entails the use of approaches to teaching and learning which exist outside the behaviorist paradigm. Along these lines, Bevis and Murray (1990), among others, call for the use of dialogue and other participatory teaching strategies in which students are active participants in their own learning.

Other nurse educators and scholars conceptualize emancipatory pedagogy in nursing education as functioning to construct egalitarian relations of power between

teachers and students of nursing. Consistent with this, Chinn (1989) and Symonds (1990), for example, argue that traditional vertical power structures, which currently exist between teachers and students of nursing, ought to be replaced with a horizontal structure in which no one opinion or person is thought to be more valid or powerful than another.

In the opinion of Bent (1993) and Tanner (1990b), a shift toward more egalitarian relations of power between teachers and students of nursing renders some aspects of the behaviorist model for nursing education, such as specifying course objectives in advance, untenable. Instead, Bevis and Murray (1990), among others, posit that directions for learning ought to be conjointly established by teachers and students. Along these lines, several nurse educators have described their experiences of sharing, with students, power and responsibility for making decisions regarding course content and the means to be used in evaluating students' work (e.g., Boughn, 1991; Boughn & Wang, 1994; Hedin & Donovan, 1989; Heinrich & Witt, 1993). However, in their descriptions, varying degrees of student participation in decision-making are evident, suggesting that nurse educators may differ in their beliefs, values, and understanding related to sharing power within the classroom.

Other nurse educators and scholars view emancipatory pedagogy in nursing education, and in particular feminist pedagogy, as functioning to foster an awareness among teachers and students of nursing of systematic gender-based injustices against nurses. Such injustices are thought, by these authors, to contribute to their oppression.

Some authors, including Wheeler and Chinn (1991) and Valentine (1992), hold that many women, including nurses, do not recognize nor acknowledge their own oppression and that, until they do, they will resist doing something about it. They suggest that this resistance can be overcome through the use of feminist process, in educational settings, to raise consciousness and to reverse attitudes that have bound nurses in submissive roles. This latter view is shared by several other nurse educators and scholars (e.g., Heinrich & Witt, 1993; Hezekiah, 1993; Mason, Backer, & Georges, 1991; Mason, Costello-Nickitas, Scanlan, & Magnuson, 1991; Ruffing-Rahal, 1992).

Still another group of nurse educators and scholars view emancipatory pedagogy in nursing education as functioning to transform oppressive social structures within the larger social context of nursing education and nursing practice. Clare (1993a, 1993b), for example, issues a challenge to what she calls the "rhetoric of emancipation" extant in the current nursing education literature and calls for a critique of the social structures which perpetuate conditions of domination in nursing and health care. In her view, changing nursing curricula without transforming the conditions of nursing practice will only serve to increase frustration and anger among nurses and will not be empowering for anyone. In her opinion, nurses, including teachers and students of nursing, must collectively act to transform the social structures which limit power and autonomy in nursing education and nursing practice. Spence (1994), among others, concurs and notes that unless consideration is given to

broader institutions and influences within society and nursing, progress in transforming such oppressive social structures cannot be made. On this view, nurse educators are implored to facilitate the development of nurses who understand and can take action to shape the socio-political context in which their practice occurs.

From the foregoing, it is evident that the function of emancipatory pedagogy in nursing education is conceptualized in different ways. In summary, emancipatory pedagogy in nursing education is viewed as functioning to: foster critical thinking among teachers and students of nursing; construct egalitarian relations of power between teachers and students of nursing; increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses; and, transform oppressive social structures within the larger social context of nursing education and nursing practice.

The Problem

Although considerable apparent differences of opinion exist within the published nursing literature regarding various aspects of emancipatory pedagogy in nursing education, there has been little dialogue, within that literature, concerning these differences in opinion. Moreover, rarely have nurse educators engaged in scholarly critique of the views presented. As a result, the dialogue which does exist in the published literature is diverse and fragmented and fails to contribute, in a substantive way, to a clearer understanding of the nature, existence, and worth of emancipatory pedagogy in nursing education. Moreover, the dialogue will remain so

until the controversies and issues requiring debate are identified. This study, a critical examination and systematic analysis of representative, selected published literature related to emancipatory pedagogy in nursing education, was undertaken to lay the groundwork for such debate. The purpose of this analysis was to make the diversity of opinions regarding emancipatory pedagogy in nursing education more intelligible by constructing, from the examined literature, the controversies and issues that exist regarding emancipatory pedagogy in nursing education.

Research Questions

Two research questions guided this analysis: Are there controversies, both general and specific, that can be constructed from representative, selected published literature regarding emancipatory pedagogy in nursing education? And, if so, what are the structures of these controversies?

Definition of Key Terms

To facilitate the reader's understanding of the key terms included in the research questions and the dialectic method used in this study, the following definitions, based on Adler's (1958, 1961) description of the dialectic method, are offered.

The **dialectic method** is a method of rendering an objective, impartial, and neutrally formulated report of a many sided discussion. The dialectician considers all of the points of view extant within that discussion without adopting any one of them or allowing his/her own point of view to intrude.

In the generic sense, **agreement** exists when two or more people answer the same question in the same way; **disagreement** exists when two or more people give contradictory or contrary answers to the same question.

Minimal topical agreement exists when two or more people agree on the subject of discussion but do not agree on the question about it. If two or more people agree about the subject and the question raised about it, **complete topical agreement** exists. **Doctrinal agreement** is the assertion, by two or more people, of the same claim regarding the same question about the same subject. **Doctrinal disagreement** is the opposite and consists in the assertion, by two or more people, of contradictory or contrary claims regarding the same question about the same subject.

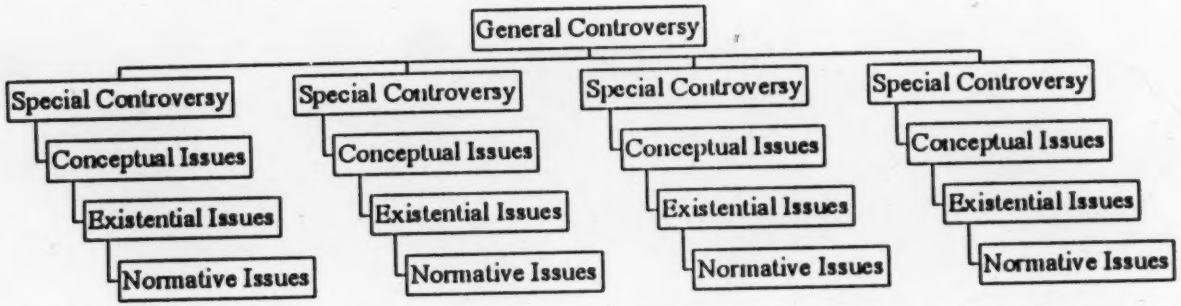
An **issue** exists when opposing answers are given to the same question about the same subject. The opposing answers constitute the **positions** taken on an issue. Issues may be of three types: conceptual, existential, or normative. **Conceptual issues** arise from questions about the nature of the subject under consideration or questions about its kinds or properties. **Existential issues** are concerned with the existence of the subject: whether it does or can exist, how or where it exists, and how it acts or is acted upon. **Normative issues** deal with the value or worth of the subject. Two or more authors are said to **join issue** when they address the same question about the same subject.

A **controversy** is composed of several issues which are related by having a

common subject. The subject of a controversy may be general or specific in conception. A **general controversy** consists of issues related to a general (broad, yet comprehensive) conception of a subject; whereas, a **special controversy** consists of issues related to a specific (particular) conception of that same subject. The general conception of a subject is inclusive of that which is common in all specific (particular) conceptions of it, relating in this way the general and special controversies. For example, in this study, the general controversy consists of issues related to a general conception of emancipatory pedagogy in nursing education; the special controversies consist of issues related to specific (particular) conceptions of emancipatory pedagogy in nursing education. Figure 1 portrays the relationship of the general and special controversies in terms of the subject matter of emancipatory pedagogy in nursing education.

The **structure of a controversy** refers to the relationship and ordering of issues regarding an identified subject of controversy.

Figure 1
The Relationship of the General and Special Controversies



CHAPTER II

METHOD

Overview

The philosophic method used in this study is the dialectic method developed by Adler and his colleagues (1958, 1961) to construct the general and special controversies related to the idea of freedom extant in the diverse philosophic conceptions of freedom. It was selected because the task at hand was not simply to report the various conceptualizations of emancipatory pedagogy in nursing education expressed in the nursing literature, but to examine and analyze them to construct the controversies, both general and special, that underlie them, making apparent the issues that need to be resolved.

Assumptions

The dialectic method assumes that it is possible for a researcher to exercise impartiality in (a) examining and analyzing all points of view related to a subject matter; and (b) constructing the controversies, both general and special, based on that analysis. In conducting this study, the researcher treated the authors of the selected works as if they were engaged in an ongoing dialogue about their conceptualizations of emancipatory pedagogy in nursing education and assumed the role of a non-participant observer of that dialogue. In an attempt to guard against potential bias, interpretations of the researcher were continually checked against the authors' original works and were discussed with the researcher's supervisory committee.

Phases and Procedures

The study was carried out in three phases, each entailing specific procedures: (1) identification and selection of relevant literature, (2) selection and recording of relevant passages from the selected literature, and (3) analysis of the selected passages and construction of the controversies. While the following description of the procedures employed may imply a linear progression, the researcher was in fact required to rework parts of the analysis and construction of the controversies as new literature or insights became available.

Phase I: Identification and Selection of Relevant Literature

Prior to initiating the study, the researcher attempted to secure an initial set of relevant literature, for examination, to determine whether or not sufficient literature regarding emancipatory pedagogy in nursing education existed to enable the researcher to undertake the study. To aid in the identification of the relevant literature, a broad definition of emancipatory pedagogy in nursing education was used: *pedagogy in nursing education which functions to free teachers and students of nursing to confront oppressive forces in nursing education and nursing practice with a view to eliminating the constraints they exert on nursing education and nursing practice*.

Few authors actually use the term "emancipatory pedagogy" *per se* in their work and, because of this, it was necessary to use several related terms in conducting computerized searches of the nursing literature to identify the relevant literature. These terms included "feminist pedagogy", "feminist teaching strategies", "feminist

perspective", "feminism", "women's studies", "critical pedagogy", "critical theory", "oppression", "emancipatory pedagogy", "emancipation", "empowerment", and "curriculum revolution". These terms were used singly and in combination with the terms "nursing" and "nursing education".

The searches were limited to theoretical and practical works published in English by nurse scholars during the time period 1976 to 1996. This twenty year time period was, and continued to be, considered appropriate because, although a few nurse educators and nurse scholars prior to it concerned themselves with inequities in nursing education and nursing practice, it was not until the mid-1970s that teaching specifically directed toward the emancipation of nurses and nursing education began to be described in the nursing education literature.

The works identified were examined to determine whether or not they were relevant to the purpose and research questions of the study or cited other works which might also be relevant. Those works found to be relevant were noted and included in the list of relevant literature. While the intent behind securing this initial set of relevant literature was not to be all inclusive, preliminary, and later, examination of the works included suggested that they were representative of the diverse views held by nurses related to emancipatory pedagogy in nursing education. During the course of the study, additional relevant works were added to the list of literature to be analyzed because they contributed to a deeper understanding of the views expressed by various authors, and to the construction of the special and general controversies related to

emancipatory pedagogy in nursing education. Authors whose works were included in the analysis are identified in Table I. Bibliographic information for the examined literature is listed in Appendix I. Literature from other disciplines was also consulted but, in keeping with the purpose of the study, was not included in the analysis.

Phase II: Selection and Recording of Relevant Passages

From the identified literature, passages were selected on the basis of their relatedness to the nature of emancipatory pedagogy in nursing education, its existence, and its value or worth. These criteria allowed the researcher to select passages which were relevant to constructing the conceptual, existential, and normative issues which comprise the controversies surrounding emancipatory pedagogy in nursing education. The selected passages comprised the raw data for analysis.

The raw data were recorded using NUD·IST 3.0, a multi-functional software system designed to support the analysis of unstructured qualitative data. NUD·IST 3.0 facilitates the storage and retrieval of text from documents and assists in the development of ideas and categories through functions allowing for indexing, searching, and theorizing. Indexing brings together passages of text, and ideas related to those passages, for interpretation and analysis while searching permits the exploring of patterns in the data (Qualitative Solutions & Research Pty Ltd, 1995). Using the theorizing functions of NUD·IST 3.0, the researcher was able to record emerging ideas and insights in dated memos and notes which were attached directly to the categories being explored. These memos and notes also allowed the researcher to

Table 1
Authors of Works Included in the Analysis

Allen
Andrist
Beck
Bent
Bevis
Bevis and Murray
Bevis and Watson
Boughn
Boughn and Wang
Cameron, Willis, and Crack
Chally
Chavasse
Chinn
Clare
Diekelmann
Diekelmann, Allen, and Tanner
French and Cross
Gray
Hagell
Harden
Hawks
Hedin
Hedin and Donovan
Heinrich and Witt
Hezekiah
Jewell
Keddy
Krieger
Lenskyj
Maclean
MacLeod and Farrell
Mason, Backer, and Georges
Mason, Costello-Nickitas, Scanlan, and Magnuson
McAllister and Ryan
Middlemiss and van Neste-Kenny
Millar and Biley
Moccia
Munhall
Nelms
Owen-Mills
Perry and Moss
Rather
Reverby
Roberts
Roberts and Group
Ruffing-Rahal
Schuster
Spence
Symonds
Tanner
Valentine
Watson
Wheeler and Chinn
Wilson-Thomas

record, in an organized manner, data regarding the context within which the passages need to be interpreted and decisions made during the course of data analysis so that an accurate record of the process utilized could be maintained.

Phase III: Analysis of Selected Passages and Construction of Controversies

Analysis of the selected passages and construction of the controversies were completed in four steps: (1) construction of the subjects of the special controversies, (2) tentative grouping of authors around the subjects of the special controversies, (3) construction and ordering of the issues comprising the special controversies, and (4) construction of the general controversy. Construction of the general controversy, like that of the special controversies, involved construction of the subject of the general controversy, tentative grouping of authors around that subject, and construction and ordering of issues comprising the general controversy.

Step 1: Construction of the subjects of the special controversies. It was evident from reviewing the selected literature that a diversity of views exists with regard to emancipatory pedagogy in nursing education. What was not clear was whether this diversity of views centered around one conceptualization or several conceptualizations of emancipatory pedagogy in nursing education. Hence, the first step in the analysis of the selected passages was to ascertain whether the discussion involved only one subject of controversy or several distinct subjects of controversy. To do so, questions such as the following were asked: "Do all of the authors who write about emancipatory pedagogy in nursing education conceptualize it in the same way?" and

"Does the discussion involve one subject of controversy or several distinct subjects?" Since the discussion seemed to involve more than one subject of controversy, the researcher considered each to be a special subject of controversy related to emancipatory pedagogy in nursing education and constructed each subject of special controversy from the implicit and explicit statements of the authors. During this phase of the analysis, tentative hypotheses regarding the nature of the subjects of special controversy related to emancipatory pedagogy in nursing education were developed. These hypotheses were revised and alternative hypotheses were posed as they were shown to be more tenable in light of the ongoing analysis of the literature.

In constructing the subjects of the special controversies, the researcher carefully read and reread the passages selected from the literature to determine what conceptions of emancipatory pedagogy in nursing education the authors of those passages had in mind. The goal in doing so was to establish minimal topical agreement concerning the subjects of special controversy. Until such minimal topical agreement could be established, the issues constituting each of the special controversies could not be formulated.

Not all authors use the same terms, nor use the same terms in the same way, in discussing emancipatory pedagogy in nursing education. Hence, to obtain minimal topical agreement among the authors, the researcher was required to bring the authors to terms with each other. This was done through the use of neutral terms to define the subjects of the special controversies, enabling all authors addressing a particular

subject to agree on the constructed definition of that subject. The use of neutral terminology permitted the authors to join issue as partisans of opposed views on a particular subject of controversy and allowed the researcher to maintain impartiality in the construction of those subjects, with no one conceptualization of emancipatory pedagogy being favored over another.

Step 2: Tentative grouping of authors around the subjects of the special controversies. Once the subjects of the special controversies were constructed, authors were tentatively identified as being party to one or another of those subjects. Some authors were party to more than one subject, resulting in overlapping membership. The grouping of authors changed as the hypotheses related to the subjects of the special controversies were refined and revised during the course of the data analysis. The purpose of grouping authors around the subjects of the special controversies was to permit them to join issue with one another on one or another subject of special controversy.

Step 3: Construction and ordering of the issues comprising the special controversies. Step 3 involved the construction and ordering of the conceptual, existential, and normative issues which potentially constituted each special controversy. Hypotheses developed while constructing and ordering the issues comprising the special controversies were revised as new insights became available during the course of data analysis.

In constructing the issues, questions were formulated about each subject of

special controversy which authors, who were party to that subject, answered in different ways. Complete topical agreement was achieved by phrasing the questions in neutral terms such that had the authors been engaged in face-to face discussion, the questions would have been understood in the same way by the authors answering them. Authors were said to be party to an issue if they could be construed as taking a position on one side or another of the issue in question. They were said to hold the same position if they were of one mind on a particular issue (i.e., they were said to be in doctrinal agreement). Authors were grouped according to the positions taken on the various issues which comprised each special controversy to determine where they stood, and what they needed to resolve, in relation to a particular subject of special controversy. In so doing, the extent to which the issues have been implicitly or explicitly disputed in the literature and the points of genuine (doctrinal) agreement and disagreement became apparent.

Once the issues comprising each special controversy were constructed, it became possible to exhibit the structure of the controversy. To demonstrate the structure of each of the special controversies, the component issues were ordered such that the logical relationships among the issues were made apparent.

Step 4: Construction of the general controversy. Step 4 involved construction of the general controversy at the center of which lies the issue of whether there is only one kind, or several distinct kinds, of emancipatory pedagogy in nursing education. As was the case in the previous steps, hypotheses developed while constructing the

subject of the general controversy, and the issues comprising it, were revised as new insights became available during the course of data analysis.

To construct the general controversy, the researcher was first required to formulate, using neutral terminology, the subject of the general controversy. This formulation was guided by the following question, "What is the generic meaning or general understanding of emancipatory pedagogy in nursing education that is commonly held by all of the authors who write about such pedagogy (i.e., the meaning that is inclusive of all of the meanings attributed to the subjects of the special controversies)?" Construction of the subject of the general controversy constituted establishment of minimal topical agreement and related the subjects of the special controversies to the subject of the general controversy.

Once the subject of the general controversy was constructed, authors joining issue with regard to it were identified. It is important to note that not all authors who were party to the subjects of the special controversies were found to be party to the subject of the general controversy. To be party to the subject of the general controversy, authors had to be addressing questions about the subjects of the special controversies in relation to the matter of whether there is one, or more than one, kind of emancipatory pedagogy in nursing education.

Once the subject of the general controversy was identified, the issues comprising the general controversy were constructed by formulating, in neutral terms, questions about the subject of the general controversy which authors, who were party

to the subject, answered in different ways. The positions taken on each issue and the arguments set forth on all sides of the issues were constructed using the same procedure as outlined in Step 3. To demonstrate the structure of the general controversy, the issues were ordered such that the logical relationships among the issues were made apparent.

CHAPTER III

THE SUBJECTS OF SPECIAL CONTROVERSY

Introduction

In this chapter, the findings of the initial analytical steps of the investigation into the controversies concerning emancipatory pedagogy in nursing education are presented. According to Adler (1958), these steps include the identification of the subjects of special controversy and the tentative grouping of authors according to the subjects that they address.

As previously noted, the term emancipatory pedagogy in nursing education is not commonly used in the nursing education literature by nurse educators and scholars but was constructed, for the purpose of this study. It broadly refers to *teaching in nursing education which functions to free teachers and students of nursing to confront oppressive forces in nursing education and nursing practice with a view to eliminating the constraints they exert on nursing education and nursing practice*. In other words, it refers to teaching which serves to liberate teachers and students of nursing to call into question, and to change, oppressive forces in nursing education and nursing practice which limit or constrain the ways in which they think and act, either as individuals or as a collective group. Whether this freedom is sought at the level of the individual or the collective, what is common to conceptions of emancipatory pedagogy in nursing education, as described in the nursing education literature, is the notion that emancipatory pedagogy in nursing education has a freeing or liberatory function. It is

important to note that this notion does not constitute a proper definition of emancipatory pedagogy in nursing education but rather serves to denote the subject matter and parameters of this analysis.

Identification of this broad conceptualization of emancipatory pedagogy in nursing education consequently made it possible to determine whether the discourse concerning emancipatory pedagogy in nursing education centers around one general subject of controversy or several specific subjects of controversy. To determine this, the discourse was examined to ascertain whether or not emancipatory pedagogy in nursing education is conceptualized in an identical manner by all those involved in the discourse. It was found that there are four distinct conceptions of emancipatory pedagogy in nursing education. Note that these four conceptions of emancipatory pedagogy in nursing education are parts of the whole, but not the whole, controversy concerning emancipatory pedagogy in nursing education. These four conceptions constitute the subjects of special controversy regarding emancipatory pedagogy in nursing education and are differentiated primarily in terms of the posited specific function of emancipatory pedagogy in nursing education. The four subjects of special controversy are identified in Table 2.

It is noteworthy that these four subjects of special controversy were constructed, by the investigator, based on documentary evidence found in the nursing literature selected for analysis. Although these subjects are mutually exclusive, many of the authors whose works are included in this study posit emancipatory pedagogy in

nursing education as having more than one function. Consequently, these authors are viewed as addressing more than one subject of special controversy.

Table 2
Subjects of Special Controversy Concerning Emancipatory Pedagogy in Nursing Education

Emancipatory pedagogy in nursing education is teaching which functions to

- foster critical thinking among teachers and students of nursing;
- construct egalitarian relations of power between teachers and students of nursing;
- increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses;
- transform oppressive social structures within the larger social context of nursing education and nursing practice.

The Subjects of Special Controversy

Following are descriptions of each of the four subjects of special controversy. These descriptions focus on points of agreement among authors who are party to each of the four subjects. Differences of opinion among them, which constitute the issues that comprise each of the special controversies, are outlined in subsequent chapters.

Teaching Which Functions to Foster Critical Thinking Among Teachers and Students of Nursing

One conception of emancipatory pedagogy in nursing education concerns

teaching which functions to foster critical thinking among teachers and students of nursing. Among the authors who share this conception, the term *critical thinking* broadly refers to *thinking which calls into question commonly held beliefs and assumptions which limit or constrain nursing education and nursing practice*. For the sake of brevity, the term *fostering critical thinking* will be used to refer to this conception of emancipatory pedagogy in nursing education. Authors who are party to this conception include Allen; Bevis; Bevis and Murray; Bevis and Watson; Boughn and Wang; Clare; Diekelmann; French and Cross; Harden; Hawks; Hedin and Donovan; Jewell; Krieger; Owen-Mills; Perry and Moss; Rather; Spence; and, Wilson-Thomas. Among them is agreement on the following characteristics of this conception of emancipatory pedagogy in nursing education.

First, there is agreement that fostering critical thinking involves the development of critical consciousness by teachers and students of nursing. As used by these authors, developing critical consciousness connotes bringing into consciousness (awareness) unconscious constraints that limit one's actions. Echoing the work of Habermas (1971) and Freire (1970), Wilson-Thomas (1995) posits that central to emancipatory education is "'conscientization' or an awakening of the critical consciousness" (p. 574). On this view, the "awakening of critical consciousness" ensues from "critical reflection on reality" (p. 573) and allows for the examination of "rules, habits and traditions that are accepted without question...[as well as]... unquestioned assumptions [regarding]...who constructs and maintains barriers, and

whose interests are being served by...social structures" (p. 573). Like Habermas, Wilson-Thomas claims that by reflecting critically on the relations of power embedded in the structures and functions of society, "conscious and unconscious constraints that interfere with balanced participation in social interaction" (p. 572) are brought into consciousness and, hence, are opened to challenge. It is her view that without critical reflection, such relations of power are reproduced unchallenged.

Bevis and Murray (1990) similarly posit that in order to think critically, teachers and students of nursing must develop critical consciousness (awareness) of hegemony, which they define as "the way in which ideological control is diffused throughout society; the subtle shaping of the individual through ideological control and socialization in every area of daily life" (p. 327). Hegemony is similarly described by Clare (1993a) who notes that hegemony is "the ability of the dominant class or culture to exercise social and political control, and to legitimize that control, through influencing the consciousness of people to accept its particular world-view as common sense" (p. 1034). According to Bevis and Murray, hegemonic conditioning is "unconscious social conditioning until [it is] brought into critical awareness" (p. 327) through critical reflection.

Bevis (1993) likewise holds that critical thinking involves developing critical consciousness. She asserts that "critical thinking is informed by reflection, and without critical reflection, thinking lacks the self-awareness and insights necessary to criticality" (p. 104). Citing Brookfield (1989), she states that critical thinking entails

developing "an awareness of the assumptions under which we and others think and act...paying attention to the context in which one's actions and ideas are generated... [and being] open to alternative ways of looking at and behaving in the world" (p. 104). In further describing her views of critical thinking, she also cites the work of Langsdorf (1988) who purports that critical thinking entails "being able to assess explicit and implicit claims in order to determine...which claim one ought to accept on the basis of good reasons for that decision - rather than on the basis of force, chance or custom" (p. 104). With respect to nursing education, Bevis claims that many of the

> traditions and customs that nursing education...devised for what was thought to be good educational practice have become accepted convention. [Consequently,] students and teachers accept oppressive ways unquestioningly and do not look for the assumptions that underlie them or the practices that uphold them. They become so commonplace that questioning them is a form of heresy. (p. 102)

Perry and Moss (1988/89) posit that when teachers and students of nursing assume "a socially critical approach to reality...the ideological positions of particular interest groups are exposed" (p. 37). They claim that as a result of developing a socially critical attitude, students can come to "recognize their ability to challenge or change social structures which constrain professional action" (p. 36). In keeping with these views, Krieger (1991) charges that "an educational system that discourages nurses from thinking [critically] - from questioning their circumstances and their role - reinforces [handmaiden] stereotypes...[and] does little to inspire [them] toward emancipation, or [to] empower them" (p. 31).

French and Cross (1992) hold that through critical reflection, nurses can acquire knowledge about and gain

> power over the forces which control and shape [their] lives even though these forces may first be seen as beyond human control. Insight can be gained through critical self-awareness and become emancipatory in the sense that people can come to recognize reasons for their problems and limitations. (p. 84)

In their view, the "professional nurse practitioner of the future must be a self-reliant, critical and reflective practitioner" (p. 83) and consequently must develop "self-knowledge...[the] knowledge of self-reflection" (p. 84).

Owen-Mills (1995) posits that it is "through consciousness-raising that nurses are empowered to...become agents of social change" (p. 1191). In keeping with this, Perry and Moss (1988/89) contend that knowledge which is emancipatory in nature "is derived from the capacity to reason on the basis of critical reflection and constitutes the collaborative, creative, just and liberating care which is part of professional action" (p. 39). According to them, in transformative (emancipatory) curricula,

> teachers provide the conditions in which students, through increasing self-consciousness, gain sufficient knowledge and self-understanding to increase their autonomy in making judgements and taking actions. Thus, through the process of developing emancipatory knowledge, the teacher not only assists the students to define their self-perceptions differently but also facilitates awareness as to which aspects of their social order are repressive. (p. 39)

Hedin and Donovan (1989) note that encouraging students to think about issues critically can be difficult. In their view it entails

> the work of choosing appropriate readings that address a topic in depth or that convincingly present opposing viewpoints; of asking questions that stimulate

> students to reflect on the subject at hand and not merely repeat routine answers; and of facilitating the clarification of values and underlying assumptions when discussing issues. (p. 12)

A second point of agreement is that teaching which functions to foster critical thinking among teachers and students of nursing entails approaches to teaching and learning which exist outside the behaviorist paradigm. According to Bevis and Murray (1990), if emancipatory goals in nursing education are to be attained then approaches to teaching in nursing education "must be congruent with a philosophy of emancipation" (p. 326) rather than behaviorism. Bevis and Watson (1989) share a similar opinion and advocate that teaching in nursing education "must liberate both students and faculty from the authoritarian restraints of empiricist/behaviorist models as represented by specified behavioral objectives and teacher roles and functions necessitated by these objectives" (p. 1). According to Bevis (1993), behaviorism has "failed to allow...for emancipatory education, for critical thinking" (p. 103). It is her opinion that "critical consciousness, critical thinking, praxis, and caring compose the substructure of nursing and...exist primarily outside the empiricist/behaviorist paradigm and [hence] are better taught from other, more phenomenological points of view" (p. 103).

Harden (1996) concurs with the views of Bevis and Murray (1990) and Bevis (1993) and notes that because of our current "obsession with the know-that form of learning [in nursing education], students are being prevented from learning how to challenge and critique" (p. 35). Along a similar line, Perry and Moss (1988/89) argue

that behaviorist forms of curricula may encourage students to be "self-critical" rather than "self-reflective or socially critical" (p. 36). As a result, "students (and lecturers) ...[fail to] recognize their ability to challenge or change social structures which constrain professional action" (p. 36). According to them, while behaviorist curriculum may

> be useful for the processing of information and measurement of skills derived from a technical paradigm...with the development of alternative paradigms and the resulting changes in what counts as valid knowledge, other forms of curricula would seem to be more appropriate for communicating nursing knowledge and for creating a climate in which students may develop a critical consciousness of themselves as nurses in a rapidly changing society. (p. 36)

In keeping with this, they report that one of the goals of the "transformative" curriculum at Deakin University School of Nursing in Australia, where they teach, is to "initiate and develop in students a process of self-reflective enquiry which leads to transformative action" (p. 37). They note that in working toward this goal students will be

> provided with a climate that permits and encourages autonomous enquiry. They will not passively absorb and assimilate knowledge but will engage in actively accumulating, developing and constructing the personal nursing knowledge they require if as graduates they are to make informed clinical judgements, engage in research-based nursing practice, create nursing knowledge and become agents of [social] change. (p. 38)

French and Cross (1992) maintain that in adhering to traditional (behaviorist) forms of pedagogy, nurse educators falsely assume that "constructive and creative citizens will develop from this passive learning style" (p. 85). Bevis and Murray (1990) concur and, reflecting the works of Freire (1970), contend that "students cannot go

from 'oppressed' states of being, from being listening objects, inheritors of received and predigested knowledge, to being subjects who are responsible for their own lives and for shaping society" (p. 328).

Allen (1990a) similarly eschews behaviorist forms of curricula, which he characterizes as "mind-numbing and authoritarian" (p. 313), and holds that in order to foster critical thinking, nurse educators must shift from a "'banking model' of education in which faculty deposit information in student receptacles...toward a variety of approaches emphasizing empowering active students to acquire and analyze information on their own" (p. 314). Jewell (1994) shares this view and holds that, as a result of "banking" forms of education, students are unable to develop critical consciousness or the ability to think critically.

Finally, a third point of agreement is that teaching which functions to foster critical thinking among teachers and students of nursing is characterized by dialogue. Reflecting the work of Stevens (1989), dialogue is described by Harden (1996) as "mutual interaction that raises collective consciousness by clarifying, affirming, and integrating the historical, social, political and economic experiences of communities" (p. 35). According to Spence (1994), "dialogue and critique are the means by which nurses will learn to develop the critically reflective skills that are required to transform practice" (p. 188).

Diekelmann (1990) describes "dialogue [as] central to nursing education and [to the attainment of the goals of the curriculum] revolution" (p. 301). According to

her, dialogue is a "joint reflection on phenomena; it is a deepening of experience for all participants; it is talking, generating questions, and possibly interpreting. [It] involves the lived experiences of everyone and seeks shared understanding" (1988, p. 145). She states that dialogue is empowering of students because it increases their powers of inquiry, self-knowledge, and critical thinking. She holds that dialogue is more than mere conversation and characterizes it as "engaged listening, seeking to understand, and being open to all possibilities" (1990, p. 301).

Rather (1994) views dialogue as an "ongoing process of constituting meanings and new understandings" (p. 270) and declares that "we share in the meaning world of others through dialogue" (p. 270). Like Diekelmann (1988), she defines dialogue as "a joint reflection on a phenomenon which alters the understanding of all participants" (p. 270). In her view, if the goal of "curriculum as praxis [that is, curriculum as reflection and action is] to be realized, [teachers] must foster learning environments that empower individuals to participate in dialogue as autonomous equals" (p. 270).

Like Diekelmann (1990), Jewell (1994) also holds that dialogue is not "simply conversation or mere discussion of issues" (p. 363). Nor, in her view, can it be "reduced to depositing knowledge into students" (p. 363). She believes that through dialogue, the classroom "becomes a transforming arena where ideas and theory are linked to each other and to reality" (p. 363). Furthermore, she contends that "as we conduct our dialog, we come to understand through critical thinking our collective reality and how we, together, can change "givens" into what Freire calls "limit

situations" (p. 363). On this view, "givens" are circumstances (situations) which are accepted as being unquestionable and unchangeable; in contrast, "limit situations" are circumstances (situations) which limit actions and choices but are seen as being open to question and amenable to change.

Perry and Moss (1988/89) assert that through dialogue, the traditions of nursing education and nursing practice, as well as the "experiences, values and knowledge of the students, [can be] explored and validated" (p. 40). In their opinion, as a consequence, "the structures and constraints which shape nursing education and practice [can be] critically examined...theoretically...and experientially" (p. 40).

Reflecting the views of Freire (1970), Bevis (1993) argues that critical thinking must be "taught in ways that allow the students to share a dialogue with one another around real issues and ideas" (p. 104). To facilitate such dialogue she, among others, advocates the use of problem-posing in nursing education. In their view, problem-posing requires critical reflection and, hence, is an "antidote" to the "banking" model of education. In keeping with this, Harden (1996) asserts that in problem-posing, students "develop their power to perceive critically the way they exist in the world, with which, and in which they find themselves; they come to see the world not as a static reality, but as a reality in transformation" (p. 34).

Hawks (1992) likewise advocates the use of problem-posing to promote dialogue and describes it as a process in which "[t]he teacher or students present problems without obvious solutions so that dialogue takes place" (p. 615). In her

view,

> [t]his approach confronts students with the complexity and plurality of the real world. Problem-posing allows the teacher to situate learning in the students' own experiences, to challenge the present state of affairs, and to examine problems in social, historical, political and cultural contexts. (p. 615)

Owen-Mills (1995) suggests that in using a problem-posing approach, "students are required to articulate their existing beliefs and to dialogue with other students (and the lecturer, as the 'expert learner') in an exchange of views which will lead to a new way of looking at things...[and results in] 'constructed knowing'" (p. 1193). Hawks (1992) concurs and describes constructed knowing as "the integration of disparate viewpoints with one's subjective opinion for development of an informed and personally authentic position on an issue" (p. 615). It is her opinion that, as a result, "students come to see issues as complex problems with social, historical, cultural and political contexts" (p. 616).

In summary, there is minimal topical agreement on the following points regarding emancipatory pedagogy in nursing education conceived as teaching which functions to foster critical thinking among teachers and students of nursing:

1. it involves the development of critical consciousness by teachers and students of nursing;

2. it entails approaches to teaching and learning which exist outside the behaviorist paradigm; and,

3. it is characterized by dialogue.

Teaching Which Functions to Construct Egalitarian Relations of Power Between Teachers and Students of Nursing

A second conception of emancipatory pedagogy in nursing education concerns teaching which functions to construct egalitarian relations of power between teachers and students of nursing. Among the authors who share this conception, the term *egalitarian relations of power* broadly refers to *relations of power within which power in the classroom is shared between teachers and students of nursing.*

For the sake of brevity, the term *constructing egalitarian relations of power* will be used to refer to this second conceptualization of emancipatory pedagogy in nursing education. Authors who are party to this conception include Allen; Bevis; Bevis and Murray; Bevis and Watson; Boughn; Boughn and Wang; Chally; Chinn; Clare; Diekelmann; Gray; Hedin and Donovan; Heinrich and Witt; Hezekiah; Jewell; Keddy; Nelms; Perry and Moss; Rather; Schuster; Symonds; Tanner; and, Wheeler and Chinn. Among them is agreement on the following characteristics of this conception of emancipatory pedagogy in nursing education.

First, these authors agree that emancipatory pedagogy in nursing education is not consistent with the pervasive patriarchal view of power that currently exists in much of nursing education. Chinn (1989) claims that most pedagogies apparent in nursing education "are patriarchal and masculinist" (p. 9) in nature and furthermore posits that most of the institutions in which nurse educators teach are "patriarchal institutions, arranged in power-over hierarchies" (p. 10). She states that teacher-

student relationships in patriarchal institutions reflect the view that the teacher "knows and gives" whereas the student "does not know and absorbs that which is given, preferably without questioning" (p. 10). She contends that within such teacher-student relationships, "objectives are defined by the teacher, the giver of knowledge, as that which is worthy to know and learn, and it is the teacher who declares their achievement" (p. 10).

Bevis (1989b) similarly posits that

> [w]hen the teacher's role is information provider; arbiter of validity and truth; establisher of the rules and regulations of classrooms; and responsible for making the connections, analogies, explanations, assumptions, and implications around ideas and theories, then the teacher is the power. When the teacher is sole critic, evaluator, marker - the teacher is the power. When the teacher makes all the decisions, enforces the procedures and decides who shall speak and when and what questions will be asked and answered - the teacher is the power. (p. 169)

Chinn (1989) rejects both the hierarchical power structures and the patriarchal forms of pedagogy which currently exist in nursing education and advocates, instead, relations of power in which power is shared between teachers and students of nursing. Bevis (1993) also advocates "participatory power structures" (p. 103) and argues that "behaviorism has failed to allow [for them]" (p. 103) in nursing education.

Along similar lines, Wheeler and Chinn (1991) describe the power imbalance which exists between teachers and students in patriarchal institutions as one in which "the teacher has the power to grade, to offer opinions and judgements, and to speak...[and the] student is institutionally defined as a receiver of grades, a receiver of

the teacher's opinions and judgements, and the listener" (p. 90). Chally (1992) notes that within patriarchal relations of power, the "teacher [is] endued with power and the student [is required to submit] to that power" (p. 117) in order to succeed.

According to Perry and Moss (1988/89), traditional hierarchical power relations between teachers and students of nursing "are relationships of authority which presuppose manipulation on the part of lecturers (teachers) and prevent transformative action through shaping students' choices and actions" (p. 37). In keeping with this, Allen (1990a) claims that nurse educators control their students and limit their own vulnerability in the educational process

> through the construction of rigid, sequenced curricula, through the creation of courses with elaborate, prespecified objectives that remain constant regardless of the varying goals and experiences of students, through direct and indirect threats about what happens if students make mistakes, ...and through authoritarian relationships. (p. 314)

In Bevis's (1989b) opinion, "reward, punishment, compulsion, and conformity arise from the role of teacher as authority figure" (p.169). Allen (1990a) agrees and argues that "conformity and obedience are still highly prized in nursing education" (p. 315) and that one of the consequences of the "authoritarian atmosphere of our schools [is that it] shape[s] or reinforce[s] a passivity (and anger) among our students that in fact prepares them to be compliant (if [not] angry) workers" (p. 315). Thus, Chally (1992) concludes that "assumptions about 'power over the student' are losing their relevance and legitimacy" (p. 118), especially in light of some of the recent changes in nursing education which uphold the empowerment of students.

The notion that the sharing of power within the classroom connotes giving "power to" rather than assuming "power over" students constitutes a second point of agreement regarding emancipatory pedagogy in nursing education conceived as teaching which functions to construct egalitarian relations of power. Among the authors who are party to this conception, giving "power to" is held to promote equality and the sharing of one's influence with others. In contrast, assuming "power over" is thought to increase one's personal power (in this case, the teacher's power) by taking power away from others (the students).

Bevis (1989c) contends that extant within the "curriculum revolution" literature is the indisputable theme that such a revolution must liberate and empower both teachers and students of nursing. In considering ways in which power can be conceptualized in nursing education, she poses several questions: "Is power of limited quantity so that when I empower others (students) I disempower myself? Or is power, like love, of unlimited quantity, so that the more I share the more I have? And through empowering others I also empower myself" (p. 118). She believes that if power is conceived as giving "power to" rather than assuming "power over", the end result is liberation and empowerment.

Like Chinn (1989) and Wheeler and Chinn (1991), Boughn and Wang (1994) advocate incorporating feminist views of power within the classroom and argue that in "[u]sing feminist teaching processes such as sharing and transferring power, the teacher [is] obliged to share her power and responsibility with the students to

empower them" (p. 114). In support of these views, Boughn (1991) states that nurse educators "can transfer [their] power to their students" (p. 80) and that, as a result, students are empowered through the power of the instructor. Keddy (1995) agrees but cautions that it is difficult to establish nonhierarchical relationships with students in institutions that are "built on patriarchal, competitive values" (p. 691).

A third point of agreement concerning this conception of emancipatory pedagogy in nursing education is that the construction of egalitarian relations of power entails developing partnerships between students and teachers of nursing. Like the aforementioned authors, Allen (1990a) spurns hierarchical power structures and patriarchal forms of pedagogy within which teachers assume "power over" students. He argues that relationships between teachers and students of nursing ought to take the form of a partnership within which power is shared. In his view, such relationships allow nurse educators to relinquish the "'burdens' of our current models of control and expertise" (p. 315) and to "[revision] students not as 'raw material' to be hammered into a 'product' but as participants who share some of our goals (but not others) and with whom we can negotiate" (p. 314). In keeping with this, Bevis (1993) maintains that "[t]o be educational (as contrasted to training), the [classroom] environment must be egalitarian/sororal/ fraternal/democratic" (p. 104). In her view, "[t]his kind of relationship implies a teacher-student interaction of a dialogical nature and student empowerment with a shared control of learning processes" (p. 104). A similar view is also put forth by Tanner (1990b) who claims that in using feminist

pedagogy in the classroom, "traditional power relationships between teacher and student are challenged and transformed to an egalitarian and shared responsibility for learning" (p. 298).

Along similar lines, Bevis and Watson (1989) posit that students must be acknowledged "as equal partners in the educational enterprise...[and] the way faculty and students relate to each other [must be restructured]" (p. 1) if such partnerships are to be attained. Bevis (1989c) also argues for a "changed relationship between teachers and students" (p. 129) and envisions the teacher's role as being a "meta-strategist who raises questions and issues and dialogues with students so that they become *partners* [emphasis added] in education, not objects of education" (p. 129).

Reflecting the views of Shor and Freire (1987), Clare (1993a) describes such partnerships between teachers and students as being

> dependent upon developing 'dialogue' which is a challenge to existing domination. The hierarchical relationship between teacher and learner could be broken down by developing a 'dialogic relationship' where, through mutual enquiry, the teacher and the taught engage together 'to know' the object of study. Thus the teacher relearns through studying with the student, dialogue illuminates the material to be studied and the learning process itself challenges the authoritarian position of the teacher. (p. 1037)

Thus, according to Diekelmann (1989), "the teacher moves from being an information giver and facilitator to the explorer of meanings with students" (p. 37).

Rather (1994) also advocates developing partnerships between teachers and students. Quoting Freire (1970), she posits that within such partnerships and "through dialogue, the teacher-of-the-students and the students-of-the-teacher cease to exist and

a new term emerges: teacher-student with students-teacher....They become *jointly* [emphasis added] responsible for a process in which all grow" (p. 67). Thus, in her view, "dialogue is a means of empowering [students] not only because [it] is respectful of and open to all voices, but also because dialogue that discloses hidden issues of power and control is emancipatory" (p. 270).

Also drawing on the works of Freire (1970), Jewell (1994) notes that within a dialogic relationship (partnership), "there is no strict dividing line between teacher and student; sometimes teachers become students and students become teachers" (p. 362). She reports that the nursing program within which she teaches, which is based on Freire's (1970) views of emancipatory pedagogy, is predicated on the assumption that "the major responsibility for learning rests with the students. We as faculty are facilitators, sometimes guides, but most often *partners* [emphasis added] in learning" (p. 364). These assumptions are exemplified by her claim that

> [c]linical experiences are independent in that students choose where they want to go to meet the course objectives, negotiate with the chosen agency or community group, and pursue, independently, their own vision of nursing. In our clinical conferences, students share experiences with each other and in light of these experiences, all of us, students and teacher, re-examine our assumptions as an on-going process. We are colleagues and partners in this adventure of learning. (p. 362)

A fourth point of agreement concerning this conception of emancipatory pedagogy in nursing education is that the construction of egalitarian relations of power between students and teachers of nursing involves mutual decision-making within the classroom. In keeping with this, Bevis and Murray (1990) state that an emancipatory

curriculum is "solidly egalitarian [and arises from] a philosophical context that provides that general directions be conjointly determined" (p. 328). Heinrich and Witt (1993) similarly assert that the sharing of power between teachers and students in making decisions within the classroom directs that "course objectives and methods of evaluation are mutually determined, not facilitator determined" (p. 120). In their view, the "result of sharing power is that autonomous learning is encouraged and reciprocal communication is valued" (p. 120). Allen (1990b) holds similar beliefs and notes that "[a]chievement of understanding between faculty and students must be a mutual process guided by the principles of autonomy and responsibility....Consequently, course objectives and curricular goals must be continually resecured through communicative action" (p. 80).

Exemplifying mutual decision-making, Boughn and Wang (1994) report that while the teachers in their course retained responsibility for establishing general directions for the course, specific course content was primarily delineated by the students, not the teachers.

> While the formal goals and objectives of the course guided the topics selected for examination, within that framework the students strongly influenced course content. Students could propose that topics be included, expanded, or limited, and even eliminated by presenting rationale and calling for a consensus of their colleagues. If students thought that the given behavioral objectives and identified content for a topic did not best represent the issue, they could revise them and present them to their colleagues (class) for acceptance. Virtually all course related decisions were made by student consensus, ranging from controlling the environment...to conceptual issues. (p. 114)

Hedin and Donovan (1989) provide yet another example of mutual decision-

making by teachers and students. They report that in their course,

> [d]uring the first class session, teachers and students decide together which topics will be discussed during the semester to meet the course objectives. The instructors have identified topics that they believe are important and necessary ...and these topics become a part of the course offerings. In addition, the students are encouraged to identify areas of interest and needed study for themselves. (p. 10)

In their view, "participating in the selection of topics and the means for meeting course objectives empowers students" (p. 10). Boughn (1991) shares this view and notes that in her course, mutual decision-making was promoted by using a variety of teaching techniques including, for example, "student participation in determining the course content, student participation in evaluation and grading, student-initiated projects with minimal faculty interference" (p. 77), resulting in "autonomous attitudes and behaviors" (p. 77) among students.

As an example of sharing of power in making decisions with respect to the assignment of grades, Hedin and Donovan (1989) report that in their course, *general* guidelines regarding the distribution of grades were established by the teachers. However, the power to determine the *specific* distribution remained with the students, as is recounted in the following quote.

> At least 20% of the course grade must come from each of the three general areas [i.e., class participation, written work, and written clinical assignments]; beyond that minimum, students can decide the weighting. Therefore, those who excel in writing can choose to have 60% of their grade based on written work, and 20% on the remaining two areas, whereas students who are more verbal and interactive can choose to have 60% of their course grade dependent on class participation. (p. 11)

Hezekiah (1993) similarly reports that, in her course, "evaluation was a cooperative endeavour. Self, peer, and facilitator evaluation comprised half of the final evaluation and the other half consisted of a scholarly paper that was criterion-referenced" (p. 56). Boughn and Wang (1994) likewise report using a "combination of teacher-, peer-, and self-evaluation" (p. 114) in their course as a means of sharing power with students in assigning grades.

In summary, there is minimal topical agreement on the following points regarding emancipatory pedagogy in nursing education conceived as teaching which functions to construct egalitarian relations of power between teachers and students of nursing:

1. it is inconsistent with the current patriarchal views of power in nursing education;

2. it connotes giving "power to" rather than assuming "power over" students;

3. it entails developing partnerships between teachers and students; and,

4. it involves mutual decision-making within the classroom.

Teaching Which Functions to Increase Awareness Among Teachers and Students of Nursing of Systematic Gender-based Injustices Against Nurses

A third conception of emancipatory pedagogy in nursing education concerns teaching which functions to increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses. Among authors who share this conception, the term *systematic gender-based injustices* is broadly used to

refer to *injustices within nursing education and nursing practice which are perpetrated upon nurses based on their predominantly female gender.*

For the sake of brevity, the term *increasing awareness of gender-based injustices* will be used to refer to this third conceptualization of emancipatory pedagogy in nursing education. The authors who are party to this conception include Andrist; Beck; Bevis; Boughn; Boughn and Wang; Cameron, Willis, and Crack; Chinn; Gray; Harden; Hedin and Donovan; Heinrich and Witt; Hezekiah; Jewell; Keddy; Lenskyj; Mason, Backer, and Georges; Mason, Costello-Nickitas, Scanlan, and Magnuson; Millar and Biley; Nelms; Rather; Roberts; Ruffing-Rahal; Schuster; Symonds; Tanner; Valentine; Watson; and, Wheeler and Chinn. Among them is agreement on the following characteristics of this conception of emancipatory pedagogy in nursing education.

First, there is agreement that teaching which functions to increase awareness of systematic gender-based injustices against nurses reflects the fundamental belief that because of such injustices, nurses, as women, are oppressed. In the opinion of Jewell (1994), "all nurses [as women] exhibit some degree of oppression" (p. 364). This view is reflected in the numerous examples, cited by the authors who are party to this subject of special controversy, as evidence reflecting the belief that nurses, as women, are oppressed. Exemplifying this, Andrist (1988), for example, notes that "the 'personal is political' was a slogan that summed up the recognition that women are oppressed in every aspect of life" (p. 67).

Harden (1996) holds that the notion that nurses are oppressed, as a group, is substantiated by the fact that they "lack autonomy, accountability and control over their own profession" (p. 33). In her opinion, the "history of the domination of nursing is inextricably linked to the domination and oppression of women" (p. 33). In keeping with this, Millar and Biley (1992) describe nursing as a "male-dominated female occupation" (p. 274).

Jewell (1994) holds that nurses, including teachers and students of nursing, "are oppressed first as women in a patriarchal society and second as nurses in a health care system dominated and controlled by physicians, hospital administrators, and insurance companies" (pp. 360-361). She identifies the oppressors of nurses, and of women, as being physicians who

> define nurses as their 'handmaidens' and their assistants whose existence is only justified in terms of their usefulness to medicine, ...the structures of dominance that shape the hospital world, ...[and] prevailing societal patriarchal hierarchies [which] have relegated women to the least rewarding and least powerful positions within society. (p 362)

According to her, teachers and students of nursing exhibit many of the characteristics of oppressed groups, as identified by Freire (1970), including adhesion with the oppressor, horizontal violence, fear of freedom and emotional dependence, belief in the omnipotence of the oppressor, adherence to prescribed behavior, self-deprecation, and apathy and fatalism (pp. 361-362). Roberts (1983) similarly argues that nurses, as a group, are controlled and exploited by physicians and administrators who have greater prestige, power, and status. Consequently, in her view, nurses exhibit

behaviors characteristic of oppressed groups including lack of self-esteem, self-hatred, and disdain for other nurses and other women.

Further elaborating on the behavior of oppressed groups, such as women, Lenskyj (1993) contends that within such groups, a problem of "horizontal hostility" exists which is characterized by "hostility taking the form of rivalry, competitiveness and lack of mutual trust and support among women who have internalized anti-woman values and behaviors" (p. 15). Hedin and Donovan (1989) label such behaviors as "counterproductive and unintelligible" (p. 8) but note that conceptualizing nurses as an oppressed group is helpful in understanding many of their behaviors, including their oppressive behaviors toward each other as women and as nurses.

A second point of agreement is that teaching which functions to increase awareness of systematic gender-based injustices against nurses entails making teachers and students cognizant of their own oppression and the ways in which they are oppressive of others. Lenskyj (1993) argues that to increase awareness of systematic gender-based injustices against nurses (and women), "major changes in nurse education programs are needed in order for nurses and nurse educators to develop a critical consciousness of their status as workers and as women, as well as other identities that result in diminished power and privilege" (p. 17). In keeping with this, Hedin and Donovan (1989) advocate incorporating a feminist perspective into nursing education and note that "one of the distinguishing marks of feminism is its concern for women and the identification and elimination of systematic discrimination towards

them" (p. 8). Similarly, Boughn (1991), among others, argues for the incorporation, into nursing education, of feminist theory which "maintains that women are oppressed and that systematic injustices based on gender must be eliminated" (p. 112). According to Ruffing-Rahal (1992), "[i]n confronting the socially constructed and gendered aspects of nursing reality, feminism seeks to explain many of nursing's collective experiences as consequences of patriarchy and the subordinate social status of women" (p. 247).

Boughn (1991) posits that currently, "[i]n [our] paternalistic society, most students arrive at academic institutions without a feminist perspective. Of those attracted to nursing, most feel comfortable with nursing's image as a traditional female profession" (p. 76). Furthermore, according to Cameron, Willis, and Crack (1995), beginning students may be resistant to courses "which challenge their expectations, ideals, and beliefs about nurses and nursing" (p. 337). However, Mason, Backer, and Georges (1991) caution that such "traditional roles act as a means of social control. The controls restrain nurses' expectations for power, privilege and access to self-determination....traditional roles keep the dominant groups in positions of advantage and power" (p. 75). In keeping with this, Boughn and Wang (1994) argue that in traditional educational systems, "nurses are socialized to internalize a subculture that includes norms and values designed to perpetuate the privileged power status of the dominant group, the medical establishment" (p. 113). This view is shared by Watson (1989a) who notes that "[n]ursing has a continuing history of oppressing its young,

thereby socializing a new generation into a system of oppression and control that often perpetuates adaptation to the status quo. Thus, oppressive acts of socialization are transmitted from one generation to another" (p. 45).

Jewell (1994) declares that "some nurses, including our students and ourselves [faculty] are so submerged in their oppression that they are unaware of it" (p. 364). Wheeler and Chinn (1991) and Valentine (1992) similarly argue that many women (nurses and nurse educators included) do not recognize nor acknowledge their own oppression and hold that until they do, they will resist doing something about it. They contend that this resistance can be overcome by increasing their awareness and by reversing attitudes that have bound them in submissive roles. Mason, Backer, and Georges (1991) and Millar and Biley (1992) suggest that as nurses become aware of their own oppression, they will no longer accept subservient roles or the devaluation of nursing.

Nelms (1991) argues that

> [a]s nursing educators, we must come to know how we are oppressed as nurses, as women, as blacks, and as other ethnic minorities and we must come to know how we have participated in our own oppression and the oppression of others. This is part of the faculty development work that must occur to get ourselves to a place of creating educational environments for liberation and emancipation. (p. 7)

Tanner (1993) likewise implores nurse educators to "think about [their] own practice as teacher[s], [the] ways in which [they] reproduce the dominant paternalism in the classroom...and ways in which [they] might shape [their] teaching to change traditional

power relationships" (p. 51).

Jewell (1994) notes that faculty, as members of a group that has power and status within the educational system, often act in ways that are oppressive of students and adds that coming to recognize the "oppressor within [oneself] is a painful experience" (p. 363). She describes the experiences of faculty who were engaged in developing a nursing curriculum which incorporated Freire's (1970) notions of oppressed group behavior and states that "before being able to make our educational program a 'liberating force' we as faculty had to find the oppressor within ourselves" (p. 363). She asserts that "[s]elf-examination and being alert to the signs of the oppressor within us is crucial for nursing educators - lest we perpetuate the oppression that for too long has been part of the profession's reality" (p. 363). Along similar lines, Mason, Costello-Nickitas, Scanlan, and Magnuson (1991) posit that "unless we choose to reinforce the closed models of decision-making dominating our institutions - and world - we must, as nursing professionals, transcend oppressed ways of relating to others" (p. 9).

Bevis (1989a) notes that "[l]iberating students requires constant awareness about the ways teachers unintentionally oppress students and [the ways] students participate in their own oppression" (p.122). She believes that while "[f]ew teachers deliberately oppress students, oppression is a subtle, culturally accepted, and condoned way of conducting the educational enterprise" (p. 122). To make teachers and students more cognizant of their own oppression and the ways in which they are oppressive of

others, Gray (1995) argues for the incorporation of a feminist perspective in nursing education. She attests that

> feminism helped me see the ways in which I participate in an oppressive society, ways in which I am oppressive to myself, and ways in which I am oppressive toward others. Feminism helped me understand ways in which I have internalized society's negative messages about being female, and I am beginning to recognize the ways in which I had been trained to view myself as a woman. (p. 79)

She describes her teaching endeavors as being "grounded in a larger sociohistorical context in which [she] operated as both an agent of oppression (teacher) and as a member of a subordinate class (woman)" (p. 79).

Based on her work with registered nurses who were returning to school to pursue a baccalaureate degree (RRN), Rather (1994) also believes that even though teachers sometimes act in ways that are oppressive of students, such actions are not intentional.

> I would like to make clear that intentionality is not the issue in this discussion of the oppression of RRN [students]. I do not believe that most faculty deliberately intend for the students to feel powerless, inferior, or threatened. ...What matters are the practices of teachers and how these *practices* are experienced by students. (p. 268)

A third point of agreement is that teaching which functions to increase awareness of systematic gender-based injustices against nurses entails developing understanding of how such injustices perpetuate the oppression of women and of nurses. Andrist (1988) maintains that consciousness of the oppression of women, and of nurses, is "developed and defined by reflection on women's experience and on the

subjugation of women throughout history" (p. 67). In keeping with this, she argues that it is essential that nurses come to "recognize sexual politics in the medical care system as 'institutionalized relations of power'" (p. 67). She believes that developing an understanding of how systematic gender-based injustices perpetuate the oppression of nurses will enable nurses "to reclaim the culture of the profession, ultimately politicizing them towards activism and change" (p. 68).

Boughn and Wang (1994) suggest that understanding of how systematic gender-based injustices perpetuate the oppression of nurses can be developed by examining the "factors that historically and currently perpetuate the state of inequality in the nursing profession" (pp. 112-113). According to them, these factors include a "lack of professional autonomy, inequity in financial compensation, and lower social status of nurses, [none of which are] commensurate with the educational qualifications, the professional demands, [or] the working conditions required of nurses" (p. 113). Boughn (1991) concurs with these views and advocates the "[r]elentless questioning of policies that ignore or diminish the contributions of nurses in the health care system" (p. 77). In her opinion, such questioning can be used "to promote attitudes of self-worth and respect for the nursing profession" (p. 77). This view is shared by Heinrich and Witt (1993) who hold that women are empowered "by giving them a sense of identity through teaching them their history, psychology, achievements, and failures" (p. 118).

Hedin and Donovan (1989) similarly hold that increasing awareness of

systematic gender-based injustices against nurses entails developing understanding of how such injustices perpetuate the oppression of nurses. According to them, education in nursing which is "freeing" or emancipatory is concerned with "the identification and transformation of those structures and relations in society that lead to the oppression of women" (p. 9). In their view, this is accomplished "through seeking the underlying presuppositions operative in situations; through practicing depth in the interpretation of problems; through developing their ability to visualize alternatives; and through self-affirmation" (p. 9). Along a similar line, Hezekiah (1993) argues that

> educating women (nurses) to the reality of the structures that oppress them and giving them the tools of knowledge whereby they can consciously reflect on their condition, in a climate of mutual respect, collaboration, and trust, help [sic] them to take constructive action to change their lives. (p. 57)

Ruffing-Rahal (1992) claims that by incorporating feminist analysis in nursing education, teachers and students of nursing are enabled to "[confront] the socially constructed and gendered aspects of [nursing and to] explain many of nursing's collective experiences as a consequence of patriarchy and the subordinate status of women" (p. 247). She argues that

> [n]urses enter graduate school as witnesses and survivors of various forms of patriarchal domination. Feminist methodology provides them with a discourse and process for critical reinterpretation of their experiences and, in turn, the potential for redefining professional identity and practice in activist and global terms.
>
> The most liberating aspect of a feminist curriculum is the permission rendered to name and confront experiences of gender-based inequity in practice, such as nurse-physician conflicts and sexual harassment. (p. 250)

In summary, there is minimal topical agreement on the following points regarding emancipatory pedagogy in nursing education conceived as teaching which functions to increase awareness of systematic gender-based injustices against nurses:

1. it reflects the fundamental belief that nurses, as women, are oppressed;

2. it entails making teachers and students of nursing cognizant of their own oppression and the ways in which they are oppressive of others; and,

3. it entails developing understanding of how systematic gender-based injustices perpetuate the oppression of women and of nurses.

Teaching Which Functions to Transform Oppressive Social Structures Within the Larger Social Context of Nursing Education and Nursing Practice

A fourth conception of emancipatory pedagogy in nursing education centers around the view that many of the social structures, within which nursing education and nursing practice are situated, are oppressive and that these oppressive structures must be transformed if nurse educators, students, and practitioners are to abolish those forces which "so powerfully perpetuate the conditions of their own domination" (Owen-Mills, 1995, p. 1192).

In this fourth conceptualization, emancipatory pedagogy in nursing education is conceived as teaching which functions to transform oppressive social structures within the larger social context of nursing education and nursing practice. For authors who subscribe to this view, the term *social structures* is broadly used to refer to *institutionalized relations of power* and *transforming oppressive social structures* is

taken to be *changing those social structures which limit or constrain nursing education and nursing practice*. For the sake of brevity, the term *transforming oppressive social structures* will be used to identify this fourth conceptualization of emancipatory pedagogy.

The authors who are party to this conceptualization of emancipatory pedagogy in nursing education include Allen; Bent; Bevis; Bevis and Watson; Chavasse; Clare; Diekelmann, Allen, and Tanner; Gray; Hagell; Harden; Krieger; Lenskyj; MacLeod and Farrell; Mason, Backer, and Georges; Mason, Costello-Nikitas, Scanlan, and Magnuson; Moccia; Owen-Mills; Perry and Moss; Rather; Reverby; Spence; Tanner; Watson; and, Wilson-Thomas. Among them is agreement with respect to the following characteristics of this conceptualization of emancipatory pedagogy in nursing education.

First, they agree that teaching which functions to transform oppressive social structures requires that teachers and students of nursing become cognizant of ideologies which currently, and historically, uphold oppressive social structures in nursing education and nursing practice. Rather (1994) defines ideology as a "system of ideas, values, or beliefs about social reality that serves to legitimate the vested interests of powerful groups through a special rhetoric" (p. 265). Diekelmann, Allen, and Tanner (1989) similarly hold that "a central process of ideology is to secure consent of the governed or dominated...to their social positions; to reduce resistance to acts of power" (p. 25). With regard to such ideologies, Clare (1993b) states that "[n]ursing

education takes place in the context of a wider society where official discourse has always favoured the ideology of dominant groups" (p. 1033). According to her, "the dominant values and beliefs of policy and decision makers in education and the health services permeate and shape the consciousness of teachers and students of nursing ...and, in effect, [make] teachers and students unconscious participants in their own domination" (p. 285). In keeping with this she posits that

> [t]hrough socialization, hegemony acts to saturate and to shape the consciousness of people so that existing belief and value systems, as well as existing social practices and institutions, are maintained and perpetuated. Through professional socialization, student and graduate nurses learn to think and act in ways that are defined for them by the traditionally dominant groups within the health care system (such as doctors, administrators and policy makers) and which they accept as natural, common-sense views of social reality. [Currently,] nursing education...helps create and legitimize forms of consciousness which reinforce existing hegemonic structures. (p. 1034)

Reflecting the work of Roberts (1983), Bent (1993) maintains that as a result of oppressive ideologies extant within such structures, teachers and students of nursing are "controlled and exploited by forces outside themselves that have greater prestige, power, and status" (p. 296). Exemplifying this, she notes that "[b]oth [nursing] education and [nursing] practice have felt influence from the hierarchy of medical culture and historical nursing structures over...the nature of practice [and] instructional techniques and curriculum" (p. 300). She claims that in becoming aware of oppressive ideologies, which give rise to such oppressive social structures, nurses can begin to work toward "reclaiming the environment in which [paternalistic] mechanisms for oppression have worked against nursing" (p. 300). One such paternalistic mechanism

identified by Perry and Moss (1988/89) is the instrumental rationality of institutions which, in their view, "has resulted in nurses having a preoccupation with means rather than ends; with method and efficiency rather than purpose; with the desire to control and exercise power over others" (p. 38). They argue that this "instrumental approach to the organization of nursing services ensures that actions nurses take are constrained by organizational factors such as time limits, tasks and procedures, individual workloads, staffing levels, relations of power and in many cases still, the demands of doctors" (p. 38).

Bent (1993) further argues that as a consequence of oppressive ideologies, "[n]urses who work in hospitals still suffer severe understaffing, occupational hazards, low job mobility, and low pay....they lack overall administrative power and continue to battle for the right to control the pace and context of their work, to set their own hours, and to structure their own relationships to physicians" (p. 297). She adds that "as nurses are faced with increasing financial, legislative, and institutional challenges to their autonomy and status, nursing needs to further its critical examination of the forces that have shaped and continue to influence professional nursing" (p. 296). She states that to recognize "sexual politics in the medical care system as institutionalized relationships of power is to open those relationships to further analysis" (p. 299). In keeping with this, Spence (1994) contends that "all nurses [need] to address issues of status and power so that new structures supportive of nursing can be developed" (pp. 187-188).

The notion that emancipatory pedagogy entails teachers and students of nursing critically examining oppressive social structures which limit or constrain nursing education and nursing practice constitutes a second point of agreement related to this fourth conception of emancipatory pedagogy in nursing education. Harden (1996) maintains that "social structures define how privilege, exploitation and powerlessness are distributed among persons and groups in society" (p. 34). In her view, "social critique is most useful in liberating people and aggregates from domination, but it must be aimed at the fundamental structures and ideologies of social systems" (p. 34). She defines ideology as a "dominant, authoritarian system of ideas whose underlying assumptions and premises have not been sufficiently examined or challenged" (p. 35). She holds that critique of oppressive ideologies involves

> a process that consists of several components: oppositional thinking that unveils and debunks oppressive ideology by explaining the implicit rules and assumptions of the historical, cultural and political context; reflection upon the conditions that make uncoerced knowledge and action possible; analysis of the constraints upon communication and human action; and dialogue. (p.35)

Clare (1993a) asserts that if nurses are to transform the conditions of their practice, they must critique the social structures which "perpetuate the conditions of their own dominance" (p. 1037). In keeping with this, Perry and Moss (1988/89) argue that by developing a socially critical attitude, teachers and students of nursing will come to "recognize their ability to challenge or change social structures which constrain professional action" (p. 36).

Watson (1989b) claims that "transformative thinking requires that [nurses]

move away from oppressive status quo educational and practice structures" (p. 51). Epitomizing this, Moccia (1988) earlier argued that the accreditation process in nursing education ought to be reformed "by drawing it away from its fixation on structures and their administration toward a concern with process and the personal relationships between teachers and students" (p. 57).

Clare (1993b) asserts that as a result of critical examination of the structures and constraints which shape nursing education and nursing practice, "numerous choices for... action to transform the conditions of practice" (p. 285) of nurse educators and nurse practitioners will become apparent. However, she acknowledges that

> [i]t is easier to be radical at the level of ideology...than at the level of socio-political action where nurse teachers and practitioners are more effectively constrained by the daily exercise of power. It is after all at the level of beliefs and interpretations where dominated groups are least constrained and it is at the level of action where dominated groups are most constrained. (p. 285)

The belief that nurses, including teachers and students of nursing, must not only critically examine, but also act to transform, oppressive social structures constitutes a third point of agreement related to this conception of emancipatory pedagogy in nursing education. Clare (1993b) holds that if the conditions of nursing practice are to be transformed, nurse educators must not only critically examine them but must also take action to change them. She contends that "this action component [is] missing" from what she terms the "current curriculum revolution rhetoric" (p. 285) extant in the nursing education literature. Spence (1994) concurs with the views of

Clare and states that "if further progress [toward the goals of the curriculum revolution] is to be made, [greater] consideration must be given to [transforming] broader institutional influences, both societal and nursing" (p. 192).

Spence (1994) is of the view that to effect such a transformation, "[nursing] education must...change to facilitate the development of nurses more able to clearly understand, and to participate in actually shaping, the broader social and political context in which their practice occurs" (p. 188). This view is shared by Wilson-Thomas (1995) who maintains that through their educational programs, students must be "enabled to challenge traditional norms to uncover hidden and constraining socio-political barriers to optimal health for all" (p. 574). According to Harden (1996), such action, which seeks to transform oppressive social structures, "is informed, deliberate, meaningful behaviour and verbalisation by those experiencing oppression that seeks to bring about social change; it is based on critical insights, reflection and dialogue" (p. 35).

Mason, Backer, and Georges (1991) maintain that "challenging an existing power structure...involves political action within that structure" (p. 74). Though in agreement, Mason, Costello-Nickitas, Scanlan, and Magnuson (1991) caution that "it cannot be assumed that nurses have the confidence or skills to make changes in the workplace in politically astute, effective ways" (p. 5). Hence they, among others (Bent, 1993; Mason, Backer, & Georges, 1991), argue that if nurses are to bring about changes in the health care system they must acquire the political skills needed to

negotiate and change that system. Krieger (1991) similarly contends that if nurses are to determine, for themselves, the conditions of their practice, "[s]tudent nurses need to learn early in their education how to be politically active so that their nursing practice is what they want it to be" (p. 31).

In summary, there is minimal topical agreement on the following points regarding emancipatory pedagogy in nursing education conceived as teaching which functions to transform oppressive social structures within the larger social context of nursing education and nursing practice:

1. it requires that teachers and students of nursing become cognizant of ideologies which uphold oppressive social structures in nursing education and nursing practice;

2. it entails critical examination of such oppressive social structures; and,

3. it extends beyond critical examination to engaging in socio-political action.

Conclusion

In this chapter, it is claimed that there exists, within the discourse related to emancipatory pedagogy in nursing education, four subjects of special controversy. If this is indeed the case, we should expect to find five controversies: a controversy related to each of the subjects of special controversy and a controversy related to emancipatory pedagogy in general in which all of these subjects of special controversy are involved. In subsequent chapters, documentary evidence testing this hypothesis will be presented. First, however, the process used to construct the issues comprising

the special controversies is presented in the following chapter.

CHAPTER IV

CONSTRUCTION OF THE ISSUES COMPRISING THE SPECIAL CONTROVERSIES

In the preceding chapter, points of minimal topical agreement about four subjects of special controversy concerning emancipatory pedagogy in nursing education were presented. These subjects of controversy were differentiated primarily in terms of the posited specific function of emancipatory teaching in nursing education: (1) to foster critical thinking among teachers and students of nursing; (2) to construct egalitarian relations of power between teachers and students of nursing; (3) to increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses; and, (4) to transform oppressive social structures within the larger social context of nursing education and nursing practice. The remaining tasks in the process of constructing the special controversies regarding emancipatory pedagogy in nursing were to construct and order the issues that comprise each of the special controversies and formulate the arguments put forth, by various authors, on each of the issues.

Construction of the issues which comprise each special controversy involved three steps: (1) establishing minimal topical agreement by identifying a common subject of discussion; (2) establishing complete topical agreement by formulating one or more commonly understood questions about that subject, and (3) establishing categorical disagreement by identifying two or more incompatible answers given to

any one question about the subject (Adler, 1961, p. 18). The analytical results of the first of these steps were reported in the previous chapter. Steps 2 and 3 required that the researcher formulate, in neutral terms, questions about each subject of special controversy which authors, who are party to that subject, answer in opposite ways. This complete topical agreement was achieved by phrasing the questions in neutral terms so that, had the authors been engaged in face-to-face discussion, they would have been understood in the same way by each of the authors answering the questions. The use of neutral terminology permitted the authors to join issue as partisans of opposed views on a particular subject of controversy; their opposing answers constituted the positions taken on an issue (i.e., their categorical disagreement).

In this analysis, explicit disagreement was taken to exist when two or more authors outrightly asserted contrary or contradictory opinions on the same question about the same subject. In some cases, disagreements among participants were only implicit in the literature. In these cases, the researcher was forced to determine whether sufficient documentary evidence existed to suggest that two or more authors held views which could be construed as being opposite on the point in question. This process involved varying degrees of interpretation on the part of the researcher who remained mindful that as the degree of interpretation required increases, the potential for error in interpreting the positions of the authors also increases.

The issues formulated were of three types: conceptual, existential, and normative. It is important to note that the nature of the questions under consideration

differed in formulating the conceptual and existential issues comprising the general and the special controversies (Adler, 1958, pp. 533-537).

In the special controversies, conceptual issues were definitional in nature and arose from questions concerning the nature of the subject of special controversy or questions about its kinds or its properties. Such issues were possible because, to this point, only minimal topical agreement had been established with respect to each of the subjects of special controversy and, hence, questions concerning how to define the subjects of special controversy were yet open to debate. In the general controversy, conceptual issues arose from questions concerning whether or not something that is considered to be a kind of emancipatory pedagogy in nursing education is, or is not, genuinely that. Such questions were irrelevant with respect to the special controversies because all authors who are party to a particular subject of special controversy would affirm that this is indeed the case. Consequently, no issue of this sort exists within the special controversies.

Existential issues in the special controversies arose from questions concerning the conditions under which each kind of emancipatory pedagogy in nursing education exists (i.e., how and where it exists and how it acts or is acted upon). In contrast, existential issues in the general controversy arose from questions concerning whether or not a subject of special controversy can or does exist as a function of emancipatory pedagogy in nursing education. It is important to note that such questions were irrelevant to the special controversies because participants in a discussion must affirm

that a subject does or can exist before they can enter into disagreement regarding the conditions of its existence or things that affect its operation.

Normative issues in both the general and the special controversies deal with issues of policy (i.e., what should or ought to be done in relation to the subject) and are concerned with the value or worth of a subject rather than with matters of fact (Adler, 1958, p. 30). Whereas several normative issues were identified with respect to the special controversies, none were identified with respect to the general controversy.

In the following four chapters, the constructed issues comprising each of the four special controversies regarding emancipatory pedagogy in nursing education are presented in turn. In each chapter, the conceptual issues related to the subject of special controversy are considered first, followed by the existential, and lastly the normative issues. It is noteworthy that all three types of issues were not necessarily identified with respect to each of the four subjects of special controversy. The issues constructed are initially identified as potential issues. Documentary evidence is subsequently presented for each issue to demonstrate that the issues constructed from the selected literature are reflective of genuine disagreements among participants. The first special controversy presented is that concerning emancipatory pedagogy in nursing education conceived of as teaching which functions to foster critical thinking among teachers and students of nursing.

CHAPTER V

THE SPECIAL CONTROVERSY CONCERNING FOSTERING CRITICAL THINKING AMONG TEACHERS AND STUDENTS OF NURSING

In Chapter III, one conception of emancipatory pedagogy in nursing education in which emancipatory pedagogy in nursing education is conceived as teaching which functions to foster critical thinking among teachers and students of nursing was outlined. *Critical thinking* is broadly used, by the authors who share this conception, to denote thinking which *calls into question commonly held beliefs and assumptions which limit or constrain nursing education and nursing practice*. Learning to think critically is held to be essential by these authors if nurse educators and students are to confront and to change oppressive forces in nursing education and nursing practice. Among them is minimal topical agreement on the following points regarding emancipatory pedagogy in nursing education conceived as teaching which functions to foster critical thinking among teachers and students of nursing:

1. it involves the development of critical consciousness by teachers and students of nursing;

2. it entails approaches to teaching and learning which exist outside the behaviorist paradigm; and,

3. it is characterized by dialogue.

Despite these points of agreement, there are differences of opinion among these authors regarding the fostering of critical thinking among teachers and students

of nursing. From these differences of opinion, two potential issues which constitute this special controversy were formulated. In this chapter, documentary evidence to support those formulations is provided and the structure of this special controversy is demonstrated.

There is one potential conceptual issue:

1. *an issue concerning whether the use of the nursing process is congruent with critical thinking.*

There is one potential existential issue:

1. *an issue concerning the appropriateness of lecture as a teaching strategy to foster critical thinking among students of nursing.*

Conceptual Issue

The Issue Concerning Whether the Use of the Nursing Process is Congruent with Critical Thinking

Some authors who are party to this special controversy are in disagreement about whether or not the use of the nursing process is congruent with critical thinking. Among them, the term *nursing process* is broadly defined as a *process for problem-solving in nursing practice* and *critical thinking* is broadly defined as *thinking which calls into question commonly held beliefs and assumptions which limit nursing education and nursing practice*. This issue is classified as a conceptual issue on the basis that it is concerned with defining, more specifically, the properties of critical thinking in nursing education and nursing practice. It arises from the question, "Is the

use of the nursing process congruent with critical thinking?" The term *congruent with* is broadly defined as *in keeping with or in conformity with*. With respect to this issue, two positions are taken: (1) the use of the nursing process is congruent with critical thinking but only under certain conditions; and, (2) the use of the nursing process is incongruent with critical thinking. Joining issue on these two positions are Bevis; French and Cross; and, Wilson-Thomas.

Only in the work of Bevis (1993) is support, albeit implicit, found for the position that the use of the nursing process is congruent with critical thinking but only under certain conditions. In her opinion, nurses "too often confuse problem-solving or nursing process and critical thinking" (p. 104). She contends that while "nursing process is a framework for solving problems, it may or may not have critical thinking as an element" (p. 104). According to her, "critical thinking is informed by reflection, and without critical reflection, thinking lacks the self-awareness and insights necessary to criticality" (p. 104). Given this, it would seem to follow that, in her view, the use of the nursing process is congruent with critical thinking but only if it is informed by critical reflection.

Contrary to the aforementioned position of Bevis, French and Cross, and Wilson-Thomas take the position that the use of the nursing process is incongruent with critical thinking. Their position stems from their shared belief that nursing process and critical thinking are incongruent because they differ with respect to their aims. Based on the work of Habermas (1971) in which three areas of cognitive interest (the

technical, practical, and emancipatory) are identified, French and Cross (1992) argue that whereas the nursing process is concerned primarily with "scientific/technical rational" aims, critical thinking is concerned with "emancipatory" aims (pp. 87-88). On this view, the use of the nursing process requires that student nurses acquire technical knowledge so that they can learn to "control and manipulate [their] environments" (p. 84). According to French and Cross, such "instrumental action" (p. 84) involves activities such as "the administration of medication, the identification of human needs, the use of information technology and the use of 'low' and 'high tech' equipment" (pp. 86-87). In contrast, emancipatory aims are concerned with "the development of self-knowledge" (p. 84) with the intent that people "become aware of how ideologies contribute to [their] dependency on reified powers" (p. 84). Such knowledge is "seen as knowledge of self-reflection" (p. 84) and its aim is to

> [gain] power over the forces which control and shape [their] lives even though these forces may first be seen as beyond human control. Insight can be gained through critical self-awareness and become emancipatory in the sense that people can come to recognize reasons for their problems and limitations. (p. 84)

In strictly aligning the use of the nursing process with "technical" aims and the knowledge gained from developing critical self-awareness (critical thinking) with "emancipatory" aims, these authors imply that the nursing process cannot be used to attain emancipatory aims and that critical thinking cannot be used to attain technical aims. Hence, it would seem to follow that, in their view, the use of the nursing process and critical thinking are incongruent with respect to their aims.

Implicit support for the position that the use of the nursing process and critical thinking are incongruent with respect to their aims is also found in the work of Wilson-Thomas (1995). Reflecting the views of Nagle and Mitchell (1991), she describes nursing process as a "framework for [nursing] practice...based on a linear four-step reductionist process which attempt[s] to describe, predict and control human responses" (p. 571). Like French and Cross (1992), Wilson-Thomas associates the use of the nursing process with "technical" aims which are concerned with "predicting and controlling natural processes" (p. 573) and "emancipatory" aims with "freedom from constraints such as social structures and ideologies... [and exposing the] power relationships that shape society" (p. 573). Wilson-Thomas claims that use of the nursing process "tend[s] to categorize, classify, label and judge persons" (p. 571). She furthermore argues that the construction of nursing diagnoses, which are an integral part of the nursing process, has "perpetuated the conditions of oppressive social domination based on race, gender and class...[and] have been used in a negative way to create patient dependency on the expertise of the nurse" (p. 571). In her view,

> the perpetuation of paternalistic assumptions [inherent in the nursing process] has forced nurses to predict and attempt to control human behavior. Paternalism is reflected when nurses attempt to remove the control from the individual and give it to another, usually the health care provider. Nursing process has perpetuated the underlying assumptions of power that exist in the nurse-client relationship [wherein] nurses have power by virtue of their knowledge. (p. 571)

Moreover, she suggests that nursing process perpetuates, rather than exposes or calls into question, paternalistic beliefs and assumptions related to power and control in

nursing education and nursing practice. Her remarks imply that the aims of the nursing process and critical thinking are contrary and, consequently, that the use of the nursing process and critical thinking are incongruent with respect to their aims.

Existential Issue

The Issue Concerning the Appropriateness of Lecture as a Teaching Strategy to Foster Critical Thinking Among Students of Nursing

This existential issue, which is classified as such because it is concerned with how teaching which functions to foster critical thinking among students of nursing is enacted, centers around the question, "Is lecture an appropriate teaching strategy to foster critical thinking among students of nursing?" Included among the authors who are party to this issue are Bevis; Bevis and Murray; Boughn and Wang; and, Diekelmann. Among them, the term *critical thinking* is broadly used to refer to *thinking which calls into question commonly held beliefs and assumptions which limit or constrain nursing education and nursing practice* and the term *lecture* is used to denote *the giving of information by the teacher to the students.* Evident in their works are two opposing positions in relation to this issue: (1) lecture is an appropriate teaching strategy to foster critical thinking among students of nursing; and, (2) lecture is not an appropriate teaching strategy to foster critical thinking among students of nursing. Consider first the position that lecture is an appropriate teaching strategy to foster critical thinking among students of nursing, support for which is found in the work of Boughn and Wang; and, Diekelmann.

Implicit support for the position that lecture is an appropriate teaching strategy to foster critical thinking among students of nursing is found in the work of Boughn and Wang (1994). Reflecting the work of Clinchy and Zimmerman (1982), they discuss the appropriateness of different types of teaching strategies to different cognitive stages. In so doing, they note that "as they develop a more complex understanding of knowledge, truth, and value women students move through [three] cognitive stages: dualist, multiplist, and contextualist" (p. 114). On this view,

> the "dualist" student believes in absolute truths and authority...[and] is a 'profoundly passive learner'....The "multiplist" student is in the process of relinquishing the notion of absolute truth and belief in authority. She is a more active learner and is increasingly developing her own opinions, trusting them, and risking expressing those opinions. The multiplist has learned how to construct meaning and to convey it to her peers....The "contextualist" student...experiences a joy brought on from freeing oneself from authority.... (p. 114)

Based on their own experiences, Boughn and Wang advocate incorporating different teaching strategies depending upon students' cognitive stages, and report organizing their course "specifically to allow the students to progress through these three stages" (p. 114). For example, they note that because the

> [dualist] student would be most comfortable with a pedagogical style such as lecture format....the course includes lecturing as a teaching strategy and [hence] meets the dualist's learning needs by presenting facts, data, research studies, and case studies concerning women's health problems....[It also] provides a safe environment where [the multiplist] learner participates actively in class discussions and is willing to enter into debate with her peers and even her professor....The student who progresses through [the contextualist] stage begins to understand that she is not required to think and speak like her professor. Rather, she is expected to produce rationale for her opinions. (p. 114)

In describing their course, which entails a critical examination of women's health issues, Boughn and Wang imply that lecture is an appropriate strategy to foster critical thinking among students because it initially increases "dualist" students' awareness of women's health issues which in turn fosters critical thinking as they subsequently progress through the "multiplist" and "contextualist" cognitive stages.

With some qualifications, Diekelmann (1993) also supports the position that lecture is an appropriate teaching strategy to foster critical thinking among students. In reflecting upon the relationship between information and critical thinking, Diekelmann (1993) raises two questions: "If nursing practice can only be learned through experience and novices need rules to help them safely enter practice, are lecture methods and an emphasis on content justified? Is applying content the first step in learning how to think [critically]?" (p. 248). She maintains that the answer to these questions is both yes and no. As she sees it,

> to the extent that nursing literature may not contain, nor accurately reflect, the most recent information on a subject, lecturing is a practical approach.
>
> Sometimes teachers need to synthesize difficult information and provide examples for the student. However, teachers who reiterate in class what is written in textbooks discourage students from reading critically, or at all. Time is lost that teachers and students could have used to engage in meaningful dialogues.... (p. 248)

She notes that an issue nurse educators need to "think about as we transform nursing education is the *how* of preserving the integrity of courses and content and analytic thinking [in nursing education] while attending to the evolution of practical knowledge

and situated or reflexive thinking [reflecting on practice]" (p. 249).

Contrary to the position of the aforementioned authors, Bevis; and, Bevis and Murray hold that lecture is not an appropriate teaching strategy to foster critical thinking among students. Bevis and Murray (1990) posit that "lecture is, by its very nature oppressive and counter-emancipatory" (p. 327) and that "as long as lecture prevails as the customary and accepted approach to teaching, little progress can be made toward emancipation" (p. 326). According to them, "[e]mancipation requires schooling practices that are liberating - those that foster a direct relationship between the issues and the student" (pp. 326-327). They further argue that "choosing lecture as the strategy by which to achieve the goals of learning supports training [or indoctrination], not education and reflects the authoritarian philosophy of the behavioral curriculum" (p. 329). This view is reflected in the earlier work of Bevis (1989b) who posits that "[w]e [as nurse educators] must dispense with the idea of teacher as information-giver [both] in the classroom [and] in the practicuum" (p. 173) if we are to foster critical thinking among students. "The teacher's main purpose, beyond the minimal activity of ensuring safety, is to provide the climate, the structure, and the dialogue that promote praxis" (p. 173).

According to Bevis and Murray (1990), lecture does not foster critical thinking because it

> makes students consumers of information made private (sometimes misconstrued as knowledge).

> The lecturer provides information that has already been digested: information that has been gathered, analyzed, sorted, shriven (absolved of its sins), washed, tested, put in some desired order, and made to support some position. This is its very nature and by that nature it is oppressive: perhaps not in intent but in fact. (pp. 327-328)

Furthermore, they contend that lecture does not foster critical thinking because it "does not teach [students] how to learn, how to critique, nor how to come to [their] own meanings" (p. 327). They maintain that while lecture can "provide information that can be used to raise consciousness, to alter perceptions, to shape criticism, and to feed meanings" (p. 327), it does not itself foster critical thinking. Rather, "it is what the learner does with the information derived from a lecture that can [foster critical thinking]" (p. 327). Bevis and Murray conclude that if nurse educators "[accept] the premise that lecture is oppressive, then it [follows that lecture] would not be acceptable as a teaching strategy" (p. 329) in emancipatory forms of nursing curricula.

Despite their firm belief that lecture is oppressive and does not foster critical thinking, Bevis and Murray (1990) do, however, acknowledge that there is a "tension between the need to learn to think critically, the need for consciousness of the political hegemony in our environments, and the contravening need for information or content upon which critical thinking can operate" (p. 327). According to them, this

> tension exists because information is the precursor to knowledge, is necessary to it, and is the content upon which scholarly skills and education rest. [Information] is...easily obtained via lecture. Even though lecture is oppressive and the lecturer can exert control by controlling the type, quality, and nature of the information, it remains an effective way to disseminate information. (p. 327)

In reflecting on this tension, they note that "all lecture is oppressive, but all teacher talk is not lecture" (p. 327). In their view,

> [w]hen students are working on a project, an idea, a position, or a problem and become interested in dialogue and answers to questions, become in need of information and of some scholarly "secret," seek the benefits of experience, or desire some guidance through the jungle of the structure of the field of study - then it is not oppressive for the teacher to supply that need, to respond to that desire. Such tendering of information, guidance, resources, experience, or "secrets" becomes supportive of emancipation. This is true if help is asked for and given in the spirit of co-scholarship, not in the spirit of authoritarian purveying of received knowledge. (p. 327)

Under such circumstances, the giving of information by the teacher to the student would be considered "teacher talk", and not lecture, and, hence, would be considered, by them, to be emancipatory rather than oppressive. In making such a distinction between "teacher talk" and lecture, Bevis and Murray reaffirm their position that lecture is not an appropriate teaching strategy to foster critical thinking among students of nursing.

Bevis (1993) similarly argues that lecture is not an appropriate teaching strategy to foster critical thinking among students of nursing. She makes a distinction between information and knowledge and holds that while information can be transmitted by lecture, knowledge cannot. She believes that

> knowledge assumes understanding. Knowledge is composed of patterns that make sense, insights, the building of cognitive structures. It requires reason, deliberation, interpretation, insights, reflection, dialogue, and meaning-making. Knowledge is generated by the self. Through one's own efforts, one develops a conceptual system that is always growing, developing, expanding, and being revised. This conceptual system is used to process information. It is this structure that enables a well-educated person to take an idea, concept, thought,

> or insight and elaborate upon it, analyze it, take parts and bits of it, and reconstitute it until the results are substantially different from the one that triggered the process. To be well educated, to know, requires that the learner exert his or her own intellectual power to make an effort to work with the information so that it leads to insights, comprehension, understanding, meanings, and generalizations. It is this involvement with the information transformed to knowledge that finally enables one to become a critical thinker. (p. 104)

Based on this, she concludes that while teachers can devise strategies to provoke critical thinking, "lecture does not do it" (p. 104).

CHAPTER VI
THE SPECIAL CONTROVERSY CONCERNING CONSTRUCTING EGALITARIAN RELATIONS OF POWER BETWEEN TEACHERS AND STUDENTS OF NURSING

A second conception of emancipatory pedagogy in nursing education in which emancipatory pedagogy in nursing education is conceived as teaching which functions to construct egalitarian relations of power between teachers and students of nursing was outlined in Chapter III. Among the authors who share this conception, the term *egalitarian relations of power* broadly refers to *relations of power within which power in the classroom is shared between teachers and students of nursing.* Such relations of power are thought, by these authors, to be empowering of students and, hence, preferable to the traditional vertical power structures which currently exist in nursing education. Among these authors there is minimal topical agreement on the following points regarding emancipatory pedagogy in nursing education conceived as teaching which functions to construct egalitarian relations of power between teachers and students of nursing:

1. it is inconsistent with the current patriarchal views of power in nursing education;

2. it connotes giving "power to" rather than assuming "power over" students;

3. it entails developing partnerships between teachers and students; and,

4. it involves mutual decision-making within the classroom.

Despite these points of agreement, among these authors are differences of

opinion regarding the constructing of egalitarian relations of power between teachers and students of nursing. From these differences of opinion, two potential issues which constitute this special controversy were formulated. In this chapter, documentary evidence to support those formulations is provided and the structure of this special controversy is demonstrated.

There is one potential existential issue:

1. *an issue concerning the possibility of equal sharing of power between teachers and students of nursing.*

There is one potential normative issue:

1. *an issue concerning the intent in constructing egalitarian relations of power between teachers and students of nursing.*

Existential Issue

The Issue Concerning the Possibility of Equal Sharing of Power Between Teachers and Students of Nursing

The authors who hold that emancipatory pedagogy in nursing education functions to construct egalitarian relations of power between teachers and students of nursing also hold that, within such relations of power, power is shared. However, evidence is found in their works which is indicative of disagreement among some of them regarding the possibility of *equal* sharing of power between teachers and students of nursing. Hence, this issue centers around the question, "In egalitarian relations of power, is equal sharing of power between teachers and students of nursing

possible?" It is classified as an existential issue on the basis that it is concerned with how egalitarian relations of power in nursing education are enacted. Two distinct positions are taken in relation to this issue: (1) in egalitarian relations of power, equal sharing of power between teachers and students is possible; and, (2) in egalitarian relations of power, some circumstances may preclude the equal sharing of power between teachers and students. Among the authors who are party to this issue are Allen; Boughn; Boughn and Wang; Chinn; Gray; Hedin and Donovan; Nelms; Schuster; Symonds; Tanner; and, Wheeler and Chinn.

Implicit support for the position that in egalitarian relations of power, equal sharing of power between teachers and students is possible is found in the works of Boughn; Chinn; Hedin and Donovan; Schuster; Symonds; and, Wheeler and Chinn. Symonds (1990), for example, argues for the displacement of the traditional dualist roles of teacher and student, and their inherent relations of power, in nursing education. She claims that displacing the traditional vertical relations of power in which the teacher asserts "power over" the student, with horizontal relations of power in which power is shared, would result in a power structure "in which no one opinion or person is [held to be] more valid or powerful than another" (p. 48). Implied in her view is that within horizontal relations of power, teachers and students would be equals. From this it would seem to follow that, in her opinion, equal sharing of power between teachers and students is possible.

Similar views are found in the work of Chinn (1989) who describes a graduate

nursing course she teaches. She reports that within her course, which is characterized by egalitarian relations of power between teachers and students, the faculty (teacher) is viewed as "a participant and learner along with all other participants [students], not the expert, judge or 'guru'" (p. 16). She also notes that "each participant is respected fully and unconditionally, and treated as an integral and necessary part of the group" (p. 14). Furthermore, she states that

> [*a*]*ll* participants [faculty and students] have different and unique experiences and talents; all are valued equally. In order for the ideal of equal participation to be actualized, all participants [must] assume full responsibility and accountability. It is the responsibility of all participants to value their own, and each other participant's critical thought, experiences, knowledge, and talents. (p. 16)

Not only does Chinn confer equal status to teachers and participants in her course, she also confers equal responsibility, implying that, irrespective of their designation as faculty (teacher) or participant (student), both share equal power within the group.

Similar notions are put forth by Schuster (1993) and Boughn (1991). Schuster maintains that in classrooms characterized by relations of power which are "noncoercive and nonhierarchical" (p. 382), students are viewed "as co-workers and co-journeyers. No one's thoughts are unwelcome" (p. 382). Reflecting these views, Boughn (1991) reports that, in her women's health course, students were "given absolute freedom to challenge the professor" (p. 77). Implicit in the works of these two authors is the view that teachers and students share equal status, and consequently equal power. Hence, it would seem to follow that, in the view of Chinn, Schuster, and

Boughn, equal sharing of power between teachers and students is possible in egalitarian relations of power.

In addition to the aforementioned views of Chinn (1989), yet further support is found in her work for the position that in egalitarian relations of power, equal sharing of power between teachers and students is possible. According to her, the role of the teacher in an egalitarian relationship "is based on the desire to *eliminate* [emphasis added] the unequal power relationships that exist within current institutionalized educational settings" (p. 16). To eliminate unequal relations of power, she asserts that faculty must "assume a responsibility to demystify the processes involved in all planned activities, including provisions for evaluation and grades and other expectations imposed by the structure of the institution" (p. 15). Exemplifying this, she provides detailed descriptions from her course syllabus outlining, among other expectations, the criteria by which "each participant can earn a grade that demonstrates her or his competence" (p. 15). She notes that the processes of her course are "designed to provide maximum opportunity for early, open feedback; discussion; and negotiation along the way to assure that each participant earns the grade that is sought" (p. 18). However, she maintains that while she, as the faculty (teacher),

> is obligated to provide [as an institutional requirement] evidence of each individual's completion of the learning objectives in the form of a grade...the grade for the course is earned [by the student], not given [by the faculty]. The faculty participates with each individual in assessing the work that demonstrates the grade that is earned. (p. 16)

Implied is that teacher and student share equally in discussions and negotiations and,

ultimately, in assigning the grade earned. Wheeler and Chinn (1991) express similar notions regarding the assignment of grades and the manner in which power and responsibility are shared in doing so. According to them,

> "grades" are viewed as each individual's responsibility; they are viewed as a tool to represent what the individual earns through demonstrated accomplishments. The teacher...has a special responsibility to help demystify the workings of the institution, and to make explicit the political process within the institution. (p. 96)

Implicit in the work of Chinn, as well as in that of Wheeler and Chinn, is the view that inequities in power between teachers and students are eliminated when teachers assume responsibility for demystifying institutional expectations, including those related to the assignment of grades, and when students are given responsibility for the grades earned in a course. Logically it would seem to follow that, in the view of these authors, equal sharing of power between teachers and students of nursing is, as such, possible.

Hedin and Donovan (1989) provide an example, from their own teaching experience that supports the view that the equal sharing of power between teachers and students of nursing is possible. They recount that, within their course, students have a "role in determining who grades them; that is, in some areas, students may opt for peer evaluation as part of their grade, or self-evaluation, however, in no case does the instructor have less than 50% of the decision" (p. 11). Thus, the student has an equal say in determining his or her grade.

Consider next the contrary position which holds that in egalitarian relations of

power between teachers and students of nursing, some circumstances may preclude the equal sharing of power between teachers and students. Included among the authors who maintain this position are Allen; Boughn and Wang; Gray; Hedin and Donovan; Nelms; and, Tanner.

Tanner (1990a) notes that because of the potential sanctions which faculty control, there is inevitably a power imbalance which exists between teachers and students of nursing (p. 72). This view is shared by several other authors who, in contrast to the aforementioned views of Chinn (1989) and Wheeler and Chinn (1991), hold that the requirement to assign grades is one circumstance which may preclude the equal sharing of power between teachers and students of nursing. Nelms (1991) notes that "we [as nurse educators] can never completely do away with the power gradient in educational systems where one person has the final say about assigning a grade to another person" (p. 6). Similarly, Boughn and Wang (1994) hold that ultimately "the real power [in a classroom] resides with she who determines the grade" (p. 114). Gray (1995) too claims that the "faculty-student relationship is a power-imbalanced one, sustained primarily by the requirement for grading of students' work by faculty" (p. 80). In her opinion, "grades support the idea that faculty are the experts with all the answers and that students are trying to 'get it right'" (p. 80). In trying to minimize the imbalance in power between herself and her students with respect to the assignment of grades, she reports using several different strategies.

I try to be as explicit as possible about when and what I am evaluating and how

> I will be assigning a grade. I also reflect with course participants regarding how the process of evaluation affects the classroom.
>
> I often use a contracting system for grading in which students must successfully complete certain activities to achieve certain learning goals. I almost always identify certain basic activities that must be met in order to receive a minimum grade. These activities often include preparing for and attending class and participating in the classroom. This approach allows me to have input into what I believe are important skills and outcomes as well as an opportunity for students to develop particular skills in areas of interest to them. I also ask students to specify the criteria by which they wish to be graded. I suggest alternative approaches to my assigning grades. I also suggest that people incorporate some model whereby they can get feedback on their work throughout the quarter so that, by the end of the quarter, they have developed a product that is completely satisfactory to both them and me. (p. 80)

Implicit in Gray's work is the notion that while certain teaching strategies, such as those described above, may help reduce imbalances in power between teachers and students associated with the assigning of grades, they do not render that balance equal. Thus it would seem to follow that, in her view, the requirement to assign grades is one circumstance which may preclude the equal sharing of power between teachers and students of nursing.

A second circumstance which may, according to some authors, preclude the equal sharing of power between teachers and students is a lack of student comfort with the process of sharing power. Hedin and Donovan (1989), for example, report that, in their experience, when students are given the opportunity to share equally in delineating course content their

> reactions to this vary greatly, from anticipation and enthusiasm to surprise and skepticism. Silence is sometimes the response. When this occurs, an attempt is made to locate the reason for the silence: Is it a lack of ideas due to the novelty

> of the approach and unexpectedness of the question?, or is it distrust or disinterest? (p. 10)

Acknowledging that student reactions to the sharing of power within the classroom may vary, they pose several thoughtful questions: "One may wonder what becomes of students who do not respond to this 'freeing' atmosphere with eagerness and excitement. What about the cautious, or those who choose to have the faculty member do 100% of their evaluations?" (p. 12). In dealing with issues such as these, they report that the approaches used in their course "leave room for varying degrees of involvement. They are designed so that individuals can move at their own pace, taking risk in increments while still maintaining some safety" (p. 12).

Gray (1995) also acknowledges that the equal sharing of power within the classroom may be uncomfortable for some students and cites, as an example, the use of a contract approach to grading. She notes that some students are not comfortable with such an approach to grading because, in their view, it lacks "sufficient structure" (p. 80). To assist these students, she reports that she works with them individually "to help them develop a structure for learning and evaluating their knowledge that feels comfortable to them" (p. 80). Implied is that depending upon the comfort level of the student, power may be shared more or less equally between teacher and student in such circumstances.

Finally, a third circumstance which may, according to Allen (1990b), preclude the equal sharing of power between teacher and student pertains to patient safety.

Allen describes a situation in which he precluded his students from sharing equally in a decision regarding clinical grading because of his concerns for patient safety. He reports that

> students have yet to persuade me that their desire for graded clinicals outweighs the damaging tensions between inquiry and evaluation in the context of patient care. Concern for grades inevitably leads to hiding ignorance and insecurity, which is extremely problematic when the care and well being of people is at stake. My belief in ungraded clinicals is a conclusion based on the evidence, experiences, and alternatives I have explored. (p. 80)

However, despite the stance he has taken, he notes that he "remain[s] committed to renegotiating [the notion of grading clinical with his students] as these contexts change" (p. 80).

Normative Issue

The Issue Concerning the Intent in Constructing Egalitarian Relations of Power Between Teachers and Students of Nursing

Among those authors who conceptualize emancipatory pedagogy in nursing education as functioning to construct egalitarian relations of power between teachers and students of nursing, two opposing positions are taken with respect to the question, "In relation to currently existing relations of power between teachers and students of nursing which are hierarchical and authoritarian in nature, what is the intent in constructing egalitarian relations of power between teachers and students of nursing?" On the one hand, are authors who argue that the intent in constructing egalitarian relations of power between teachers and students of nursing is to displace the hierarchical and authoritarian relations of power which currently exist between them.

On the other hand, are those who argue that the intent in constructing egalitarian relations of power between teachers and students of nursing is to render current relations of power between them less hierarchical and authoritarian. With respect to this issue, the term *displace* is used broadly to mean *to take the place of*. Included among the authors who are party to this issue are Allen; Beck; Bevis and Murray; Chinn; Hedin and Donovan; Moccia; Symonds; and, Wheeler and Chinn. This issue is identified as a normative issue on the basis that it is concerned with the relations of power which ought to be constructed between teachers and students of nursing.

Support for the position that the intent in constructing egalitarian relations of power between teachers and students of nursing is to displace the hierarchical and authoritarian relations of power which currently exist between them is found in the works of Allen; Bevis and Murray; Chinn; Hedin and Donovan; Moccia; Symonds; and, Wheeler and Chinn. Moccia (1990) notes that "for those involved in the curriculum revolution, the intention of nursing education is to create and extend an educational community focused not on reproducing relations of dominance but on transforming existing power relationships" (p. 308). Along similar lines, Bevis and Murray (1990) argue that teaching in nursing education "must be congruent with a philosophy of emancipation. The usual authoritarianism of traditional teaching roles requires displacement" (p. 326). In keeping with this, Allen (1990a) advocates "working toward the elimination of hierarchies, active partnerships between students and faculty, ...[and] abandoning metaphors of paternalism and control" (pp. 315-316)

as a means to "radically democratizing" (p. 316) relations of power in nursing education.

Symonds (1990) argues that current relations of power between teachers and students are "socially constructed" and that because of this they "do not reflect or articulate fact" (p. 47). Reflecting the views of Foucault, she explains that as a result of this social construction, power relations between teachers and students of nursing "are arbitrarily made unequal and are identified by binary opposition" (p. 47). She further contends that within such relations of power, the teacher is "accorded primacy" (p. 47) over the student. In her view, nurse educators "need to question the meaning of these pairings and attempt to reverse them and displace [such] binary opposition[s]" (p. 47). To accomplish this, she states that nurse educators should

> move from the separate model of education to the connected model. The model most commonly employed today is the separate model of education, in which the teacher and the institution control all the decisions regarding education, and the values of the institution are held to be the ones desired. The connected model of education allows for mutual sharing [of power] between student and teacher and in it, students' values are respected. (pp. 47-48)

She notes that "if [nurse educators] replace the separate model of education with the connected model, [they] can spare students the alienation, repression, and division that their schooling currently confers upon them" (p. 53). She further observes that support for the construction of egalitarian relations of power between teachers and students of nursing is evident in the language and discourse of nurse educators, such as Wheeler and Chinn (1989), who advocate the use of feminist process within the classroom to

"replace the traditional vertical framework of the teacher-student relationship with a horizontal structure in which no one person or opinion is more valid or powerful than another" (p. 48).

In advocating the use of feminist process (praxis) within the classroom, Wheeler and Chinn (1991) and Chinn (1989) recommend that "power over" forms of power, wherein teachers assume power over students, be rejected and that they be replaced by "power to" forms of power, in which power is shared between teachers and students. More specifically, Chinn states,

> [f]eminist praxis is concerned with power. [It] consciously rejects "power over" forms of power, but rather seeks personal empowerment and exercise of personal power....[In feminist praxis,] teachers let go of "power over" attitudes and ways of being [and] registrants let go of "tell me what to do" attitudes and ways of being. All participants [students and teachers] move into ways of being that are personally empowering and that also nurture the empowerment of others. (pp. 12-13)

Bevis (1989c) shares a similar view and contends that "if power is conceived as 'power to', then teachers and learners are both empowered by the liberating force of co-learnership" (pp. 118-119).

In their book, *Peace and power: A handbook of feminist process*, Wheeler and Chinn (1991) describe how feminist process can be used "to change existing patriarchal systems, particularly in classrooms, committees, and other groups within existing institutions" (pp. xiv-xv). They posit that using feminist process "means moving away from any action that exerts power over other individuals or groups" (p. 3). They describe several "feminist alternatives" (p. 10) to the patriarchal model of

power, noting that while these alternatives are not opposites, they do contrast sharply with the patriarchal model of power. These "feminist alternatives" are presented, in contradistinction to their patriarchal counterparts, as paired descriptors, in which the first term of the pairing characterizes the patriarchal model of power and the latter term characterizes the "feminist alternative". Examples include: the power of command *versus* the power of sharing; the power of hierarchy *versus* the power of unity; the power of force *versus* the power of collectivity; the power of prescription *versus* the power of letting go; and, the power of secrets *versus* the power of responsibility (pp. 8-11). Implicit in their work is the view that these "feminist alternatives" ought to displace the hierarchical and authoritarian relations of power which currently exist in nursing education.

> There are alternatives to the definition and exercise of power as we have learned it in the world at large. While the feminist alternatives are familiar to all of us, we are not accustomed to thinking of them as power because of our experiences and our learning in the traditions of the patriarchal power model. In a sense, the alternative powers should not be called "alternatives" because they are so central and vital to every woman's reality. We call them alternatives only because they are not yet the predominant mode of action in the world at large. (p. 8)

Support for the opposing position on this issue, which holds that the intent in constructing egalitarian relations of power between teachers and students of nursing is to render current relations of power between students and teachers less hierarchical and authoritarian, is found in the works of Hedin and Donovan; and, Beck. Like some of the aforementioned authors, Hedin and Donovan (1989) echo the views of Freire

(1970) and advocate "power to" rather than "power over" relations of power in nursing education. However, implicit in their work is the view that such relations of power are constructed, not to displace hierarchical and authoritarian relations of power, but to render them less hierarchical and authoritarian. Hedin and Donovan hold that a freeing or emancipatory nursing education "uses concepts of shared power and is *more egalitarian and less hierarchical* [emphasis added] in nature when compared with more familiar educational patterns that are based on patriarchal and hierarchical structures" (p. 9). Implied in the latter assertion is the view that constructing egalitarian relations of power, in which power is shared, may not, in fact, serve to displace the hierarchical and authoritarian relations of power which currently exist between teachers and students of nursing; rather they may simply serve to render such relations of power less hierarchical and authoritarian.

A similar position is presented by Beck (1995) who claims that changing the power structure within a classroom from a hierarchical (vertical) to a horizontal one makes the classroom *"more egalitarian"* (p. 223). She further holds that the incorporation of feminist process in the classroom "seeks to change the classroom into a *more equalitarian* structure, allowing students and teachers to share information and points of view in an open setting" (p. 227). Implicit in her claim that relations of power between teachers and students will become *more equal* is the notion that even within horizontal power structures, inequalities in power may still exist, albeit to a lesser degree. Hence, it would seem to follow that, in her view, egalitarian relations of power

are constructed to render current relations of power less hierarchical and authoritarian, rather than to displace them.

CHAPTER VII

THE SPECIAL CONTROVERSY CONCERNING INCREASING AWARENESS AMONG TEACHERS AND STUDENTS OF NURSING OF SYSTEMATIC GENDER-BASED INJUSTICES AGAINST NURSES

Outlined in Chapter III is a third conception of emancipatory pedagogy in nursing education in which emancipatory pedagogy in nursing education is conceived as teaching which functions to increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses. The term *systematic gender-based injustices* is used broadly, by the authors who share this conception, to refer to *injustices within nursing education and nursing practice which are perpetrated upon nurses based on their predominantly female gender.* Such injustices are held, by these authors, to perpetuate the oppression of women and of nurses. Among them is minimal topical agreement on the following points regarding emancipatory pedagogy in nursing education conceived as teaching which functions to increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses:

1. it reflects the fundamental belief that nurses, as women, are oppressed;

2. it entails making teachers and students of nursing cognizant of their own oppression and the ways in which they are oppressive of others; and,

3. it entails developing understanding of how systematic injustices perpetuate the oppression of women and of nurses.

Despite these points of agreement, considerable differences of opinion exist

regarding the increasing of awareness among teachers and students of nursing of systematic gender-based injustices against nurses. From these differences of opinion, two potential issues which constitute this special controversy were formulated. In this chapter, documentary evidence to support those formulations is provided and the structure of this special controversy is demonstrated.

There is one potential existential issue:

1. *an issue concerning who can come to understand systematic gender-based injustices against nurses.*

There is one potential normative issue:

1. *an issue concerning the valuing of teaching which functions to increase awareness of systematic gender-related injustices against nurses.*

Existential Issue

The Issue Concerning Who Can Come to Understand Systematic Gender-based Injustices Against Nurses

An issue which is addressed by some authors who are party to this subject of special controversy is that of who can come to understand systematic gender-based injustices against nurses. Among these are Beck; Boughn; Chinn; Hedin and Donovan; Mason, Backer, and Georges; Mason, Costello-Nickitas, Scanlan, and Magnuson; Millar and Biley; Ruffing-Rahal; Symonds; and, Tanner. In response to the question, "Who can come to understand systematic gender-based injustices against nurses?", two positions are taken by these authors. One position holds that only women can

come to understand systematic gender-based injustices against nurses; the opposing position holds that both men and women can come to understand systematic gender-based injustices against nurses. The term *to understand* is broadly used, by authors who are party to this issue, to mean *to grasp or to comprehend fully*. On the basis that it is concerned with delineating the conditions under which the understanding of systematic gender-based injustices against nurses can exist, this issue is classified as an existential issue.

Consider first the position that only women can come to understand systematic gender-based injustices against nurses, support for which is found in the works of Ruffing-Rahal; and, Symonds. Ruffing-Rahal (1992) asserts that "living as a woman and living as a man are singularly parallel and separate realities" (p. 248). According to her, beyond the notion of biological differences, the concept of gender "enables elaboration of distinct social, cultural and spiritual dimensions of experience as woman or as man" (p. 248). Implicit in her assertions is the view that there is no point of intersection between these realities and, hence, no possibility of understanding what it means to live in the other's reality. From this it would seem to follow that men, because of their gender, cannot come to understand the systematic gender-based injustices perpetrated against women and against nurses. Consistent with this, Ruffing-Rahal's contends that in promoting "cultural consciousness within nursing, feminist inquiry validates and potentiates data generated from [women's] personal experience, notably introspection addressing injustice, ambivalence, trauma, conflict and

invisibility" (p. 248). Implied is that such experiences, which often result from systematic gender-based injustices against women, are understood within the context of *women's personal* experience and, consequently, that only women can come to understand them.

Like Ruffing-Rahal (1992), Symonds (1990) also implies that because of their gender, men are unable to come to an understanding of systematic gender-based injustices perpetrated against women and against nurses. Symonds advocates a feminist approach to nursing education, in which an "end [to] the subordination of women" (p. 51) is sought. She posits that

> there are four basic premises that characterize the feminist worldview. The first and foremost premise of feminism is that women are a special category of people with certain characteristics in common; whether this is due to biology, experience, or culture creates grounds for a major debate in feminism today. The second premise is that only women should define feminism; only women should be involved in arriving at a collective understanding of what it is to be a woman. The third premise...is a recognition of and dissatisfaction with living in a "man's world," a world where men define a "good" woman as one who meets their expectations. The fourth premise is a desire to dismantle this "man's world". (p. 51)

In declaring that "women are a special category of people....[and that[only women should be involved in arriving at a collective understanding of what it is to be a woman" (p. 51), Symonds implies that men, because of their gender, are unable to come to understand the experiences of women. Nor, in her view, would they be able to come to understand the systematic gender-based injustices perpetuated against women and nurses by men and which result in their subordination to men.

Consider next the opposing position on this issue which holds that systematic gender-based injustices can be understood by both women and men. Support for this position is found in the works of Beck; Boughn; Hedin and Donovan; Mason, Backer, and Georges; Mason, Costello-Nickitas, Scanlan, and Magnuson; Millar and Biley; and, Tanner. Contrary to the aforementioned views of Symonds (1990), Tanner (1993) asserts that "biologic female sex is neither necessary nor sufficient to be a feminist" (p. 51) or, consequently, to understand the oppression of women and of nurses. Hence, she holds that feminist pedagogy, which seeks to increase awareness of systematic gender-based injustices against women, "may be practiced [in nursing education] by both men and women" (p. 51).

Reflecting the views of Jacobs and Liola (1991), Beck (1995) similarly maintains that "feminist pedagogy is not only for females, but for all, students in a [nursing] classroom" (p. 223). In her opinion, exposure to feminist pedagogy "promotes perspective taking and thus may help males better understand the viewpoints of females" (p. 223). Boughn (1991) likewise argues that a feminist perspective "is as relevant to the education of male nursing students as it is to female nursing students" (p. 76) and that "male students would also benefit from...a course in which they would learn more about women's health issues and experience women's perspectives on health care" (p. 77). Implicit in the works of these authors is the notion that both men and women can come to understand the experiences of women, including systematic gender-based injustices perpetrated against women and nurses.

Implicit in the works of Mason, Costello-Nickitas, Scanlan, and Magnuson (1991) and Mason, Backer, and Georges (1991) is the view that despite gender differences, the experiences of male and female nurses are similar and that, consequently, both male and female nurses can come to understand systematic gender-based injustices against nurses. Mason, Costello-Nickitas, Scanlan, and Magnuson, for example, maintain that the incorporation of a feminist perspective in nursing education is "relevant for the male participants...because they too are affected by society's attitudes towards predominantly female professions" (p. 7). Consequently, in the view of Mason, Backer, and Georges, nurses must begin to identify the "commonality and connectedness of nurses' experiences as women and men and as health care workers... [if they are to] develop a sense of autonomy and group consciousness that is necessary for empowerment and effective political action" (p. 6). Implied is that because their experiences as health care workers are common and connected, both men and women can (and should) come to a common understanding of the systematic gender-based injustices perpetrated against nurses within the workplace and, subsequently, engage in effective political action to eliminate such injustices.

Finally, implicit support for the position that systematic gender-based injustices can be adequately understood by both women and men is found in the work of Hedin and Donovan (1989). According to them, "feminists need not restrict themselves to using theories developed only by women" (p. 9) to help understand the experiences of women. Exemplifying this, they report having extensively used the "work of Freire

[1970], a male educator, to help describe the [oppressed group] behavior of women [and of nurses]" (p. 9). Implicit in their report is the view that men, as well as women, can come to understand systematic gender-based injustices against women.

Normative Issue

The Issue Concerning the Valuing of Teaching which Functions to Increase Awareness of Systematic Gender-related Injustices Against Nurses

That nurses need to become aware of their own oppression is not a matter of dispute among authors who conceptualize emancipatory pedagogy in nursing education as teaching which functions to increase awareness of systematic gender-based injustices against nurses. However, among some of them is disagreement which centers around the question, "To what extent is (should) teaching which functions to increase awareness of systematic gender-based injustices against nurses valued by teachers and students of nursing?" Two positions are taken in relation to this question. Some authors hold that by virtue of its political agenda, which advocates justice and equality for women and for nurses, such teaching should be valued by all teachers and students of nursing. Others are of the opinion that despite the aforementioned political agenda, such teaching is *not necessarily* valued by all teachers and students of nursing. As a result, resistance to it is evident. Given that this issue deals with the perceived worth of such teaching, it is classified as a normative issue. Among the authors who are party to it are Boughn; Boughn and Wang; Heinrich and Witt; Keddy; Lenskyj; Millar and Biley; and, Schuster.

Evident in the works of Boughn; Boughn and Wang; and, Schuster is implicit support for the position that by virtue of its political agenda, teaching which functions to increase awareness of systematic gender-based injustices against nurses is (or should) be valued by all teachers and students of nursing. Among these authors, this support is evident in their vision that teaching which embraces a feminist perspective and, hence, seeks to increase awareness of systematic gender-based injustices against nurses, should, and eventually will, be integrated throughout nursing curricula. Boughn (1991) envisions that "[i]deally, future nursing programs [will] adopt philosophies [and] course content, etc., embracing the feminist perspective and empowering educator-student relationships" (p. 80). Based on her own teaching experience, she holds that "for those [faculty] who cannot and will not wait [until this ideal is attained] there are strategies in the form of one semester treatments that can instill in [nursing] students autonomy-related attitudes and behaviors important for providing and consuming health care" (p. 80).

Similarly, based on their demonstration that a feminist course designed to increase nurses' regard for self and for others and to promote advocacy and activism on behalf of self and others produced significant changes in behaviors and attitudes among students, Boughn and Wang (1994) envision that "nursing education will move from the isolation of feminist thinking in single courses to the integration of feminist ideals and pedagogy into the entire curriculum" (p. 117). They note that "the success of the present course notwithstanding, it is unrealistic to assume that a single feminist

course offering can revolutionize nursing curricula" (p. 117). However, according to them

> instilling these values [respect for self and other women, and advocacy and activism on behalf of self and other women] in nursing students is fundamental to the goal of creating nurses who will take the risks necessary to improve their personal and professional condition and to protect health care consumers from adverse societal conditions [such as] violence against women. (p. 113)

Schuster (1993) envisions or "look[s] forward to the eventual campus-wide integration of feminist values" (p. 381). In describing her vision of nursing education, she holds that such values should also be incorporated into nursing curricula because "feminist scholarship legitimizes lived experience, personal insights, and speaking on one's own authority. In addition, feminist scholarship acknowledges and legitimizes ways of knowing, including, but going beyond, the scientific/empiric paradigm" (p. 381). Implicit in the aforementioned visions of Boughn, Boughn and Wang, and Schuster is the view that, by virtue of its underlying political agenda, teaching which functions to increase awareness of systematic gender-based injustices against nurses is (or should) be valued by all teachers and students of nursing. Consequently, in their view, such teaching should, and eventually will, be integrated throughout nursing curricula.

Contrary to the views of the aforementioned authors, Heinrich and Witt; Keddy; Lenskyj; and, Millar and Biley are of the position that despite its political agenda, which advocates justice and equality for women and for nurses, teaching which functions to increase awareness among teachers and students of nursing of

systematice gender-based injustices against nurses is not necessarily valued by all teachers and students of nursing. As a result, resistance to it is evident.

Lenskyj (1993) attests that

> [i]n my own experience of teaching nurses and nurse educators in a graduate school, I have come across some women who oppose many [sic] feminist critique of the health care system, probably because they are only able to survive by denying how oppressive it is towards women in general, and nurses in particular. (p. 15)

Keddy (1995) similarly reports that, in her experience, the

> introduction of feminist theory and research is generally very upsetting to experienced nurses. Many come in to the classroom with negative feelings about the feminist movement and with the view that science is unbiased. When I tell them that I am teaching from a feminist perspective, and that there will be much critical discussion about how knowledge is created, I am initially regarded with distrust. (p. 692)

Despite this initial resistance, Keddy notes that, within her classes, most students pass through three phases: being resistant to ideas of feminist theory, research and praxis; being angry about the oppression they had previously experienced; and finally, being hopeful that they would be able to bring about some social change as a result of the ideas discussed in the course (pp. 692-694). She does, however, concede that by the end of the course, some students remained resistant and were "unconvinced that feminism was the route to take in order to bring about the much-needed social and political change in the profession" (p. 694).

Heinrich and Witt (1993) also report that not all students in their classes were accepting of feminist teaching and that some remained resistant to it.

> Four groups are represented in most nursing audiences we teach - pre-feminists, antifeminists, post-feminists (feminists who see themselves as being beyond feminism), and feminists. They form four subgroups that are at various stages of "readiness to learn": (1) the "already converted" - feminists; (2) the "enthusiastically transformed" - pre-feminists and post-feminists energized by the message of 1990s feminism; (3) the "verbal resisters" - antifeminists and post-feminists who actively challenge feminism; and (4) the "passive resisters" - antifeminists and post-feminists who quietly maintain the same position they came into the course with. The already converted and enthusiastically transformed readily embrace the feminist viewpoint. "Verbal resisters" freely voice their skepticism and critique feminism. They say their socialization experiences are no different than the boys they grew up with, that they never felt restricted from doing what they wanted because they were women, and that they have never allowed themselves to be oppressed by men or the patriarchal medical system....Sometimes the verbal resisters find their worldview transformed through readings and discussion, other times they maintain their original position toward feminism. The silent resisters rarely express their opinions in the large group. It is difficult to tell what impact readings or discussion have on them, and they seem to maintain the positions they entered with. (p. 120)

Whereas the aforementioned authors have discussed a lack of acceptance of (valuing of), and consequently, some resistance by students to teaching which functions to increase awareness of systematic gender-based injustices against nurses, implicit in the work of Millar and Biley (1992) is the view that some nurse educators and scholars also may be resistant. In describing their experiences, as male nurse educators, in writing a paper about paternalism and its influence on nursing education and the development of knowledge, they offer the following proviso: "readers are free to accept, reject or more realistically simply reflect upon [the content presented] for themselves" (p. 278). Implicit is the view that not all readers will necessarily accept their views regarding the oppression of nurses and of women within a paternalistic

society. However, they say that

> [b]y considering how feminist thinking can help us move beyond accepting the traditional subservient roles in health care, nurse educators can focus upon the development of strategies aimed at the empowerment of professional nurses and to the re-emergence of caring as an equal within a world where science and technology are seen to dominate. (p. 278)

CHAPTER VIII

THE SPECIAL CONTROVERSY CONCERNING TRANSFORMING OPPRESSIVE SOCIAL STRUCTURES WITHIN THE LARGER SOCIAL CONTEXT OF NURSING EDUCATION AND NURSING PRACTICE

In Chapter III, a fourth conception of emancipatory pedagogy in nursing education was outlined in which emancipatory pedagogy in nursing education is conceived as teaching which functions to transform oppressive social structures within the larger social context of nursing education and nursing practice. It is based in the view that many of the social structures, within which nursing education and nursing practice are situated, are oppressive. Authors who share this conception claim that these oppressive structures must be transformed if nurse educators, students and practitioners are to abolish those forces which "perpetuate the conditions of their own domination" (Owen-Mills, 1995, p. 1192). Consequently, nurse educators are implored to facilitate the development of nurses who are able to critique and to change those structures. For authors who subscribe to this view, *transforming oppressive social structures* is taken to be *changing those social structures which limit or constrain nursing education and nursing practice.* Among them there is minimal topical agreement on the following points regarding emancipatory pedagogy in nursing education conceived as teaching which functions to transform oppressive social structures within the larger social context of nursing education and nursing practice:

1. it requires that teachers and students of nursing become cognizant of ideologies which uphold oppressive social structures in nursing education and nursing

practice;

2. it entails critical examination of such oppressive social structures; and,

3. it extends beyond critical examination to engaging in socio-political action.

Three potential issues which constitute this special controversy were formulated. The task at hand is to present documentary evidence to support these formulations and to demonstrate the structure of this special controversy.

There is one potential existential issue:

1. *an issue concerning whether the power to transform oppressive social structures resides within nursing.*

There are two potential normative issues:

1. *an issue concerning the way in which oppressive social structures ought to be changed.*

2. *an issue concerning whether the perceived costs of taking action to transform oppressive social structures constitute sufficient reason not to do so.*

Existential Issue

The Issue Concerning Whether the Power to Transform Oppressive Social Structures Resides Within Nursing

That oppressive social structures within the larger social context of nursing education and nursing practice *ought* to be changed is held to be indisputable by authors who share this fourth conceptualization of emancipatory pedagogy in nursing education. However, among some of them is disagreement regarding whether or not

the power to transform such oppressive social structures resides within nursing. In formulating this issue, the term *within nursing* is broadly used to mean *within the scope of the profession of nursing.* Furthermore, although the term *resides* connotes a *present* time orientation, it is used here in the sense of *currently existing or having the potential to exist* in the future.

Whereas the works of some authors who are party to this issue imply that the power to transform oppressive social structures indeed resides within nursing, the works of others suggest that the power to transform oppressive social structures does not necessarily reside within nursing because, inherent within such social structures, are factors which render them resistant to change. This is not to say that the transformation of oppressive social structures is not possible but rather that the *extent* to which they can be transformed may be limited. The question at issue therefore is, "Does the power to transform oppressive social structures within the larger social context of nursing education and nursing practice reside within nursing?"

Two positions are taken in relation to this question: (1) the power to transform oppressive social structures does indeed reside within nursing, and (2) the power to transform oppressive social structures does not necessarily reside within nursing. Given that this issue is concerned with where the power to transform oppressive social structures resides, it is considered an existential issue. Authors who are party to this issue include Allen; Bevis and Watson; Chavasse; Clare; Diekelmann, Allen, and Tanner; Gray; Hagell; Krieger; Lenskyj; Mason, Backer, and Georges; Moccia; Owen-

Mills; Perry and Moss; Reverby; Spence; and, Tanner.

Implicit support for the position that the power to transform oppressive social structures indeed resides within nursing is found in the works of select authors including Bevis and Watson; Hagell; Krieger; Lenskyj; Mason, Backer, and Georges; Moccia; Owen-Mills; and, Tanner. Krieger (1991) posits that nursing education should educate nursing students "to take action to transform [oppressive] institutions and values" (p. 371). In keeping with this, Hagell (1989) argues that nursing education needs to become "a political education in the sense that it would illuminate the power relations that exist in society and the health care system" (p. 231). In her view, "[o]nce these power relations are understood and recognized they become easier to change" (p. 231). She further argues that, as a result of educating nurses to recognize and understand such relations of power, nurses would not only be "able to function in the existing health care system [but] would also be able to challenge the existing [patriarchal] system and offer realistic alternatives [for changing that system]" (p. 231). Implicit in the works of these two authors is the view that the power to transform the existing patriarchal health care system indeed resides within nursing and that nurse educators have a responsibility to educate nurses to do so.

Support for the notion that power to transform the existing health care system indeed resides within nursing and that nurse educators have a responsibility to educate nurses to do so is also found in the works of Bevis and Watson (1989), Moccia (1990), and Tanner (1990b). Echoing the views of her aforementioned colleagues,

Moccia (1990) asserts that nursing has a "social responsibility" (p. 297) to challenge patriarchal values of dominance and control which pervade current health care systems. According to Bevis and Watson (1989), the problems inherent within the current health care system "require a total shift in the health care paradigm. Nursing will need to assume a major role in the restructuring process both in policy setting and in care delivery" (p. 18). Tanner (1990b) reports that, in keeping with such views, a resolution was passed at the 1990 National League of Nursing Convention to encourage the development of nursing curricula that reflect "learning experiences that incorporate critique of the current health-care system and analysis of the present and future health needs of the population as the basis for transforming the health care system" (p. 297). Implicit in the charge that nursing has a social mandate to work toward transformation of patriarchal health care systems, as well as in the preceding resolution with respect to the content of nursing curricula, is the view that the power, as well as the responsibility, to do so indeed resides within nursing.

Owen-Mills (1995) similarly contends that extant, within nursing, is a mandate for social action, the aim of which is to "overhaul the [patriarchal] health care system in order to help make a better society" (p. 1194). She argues that nurse educators have "a responsibility to ensure students understand [this] mandate for social action [because it] is through such consciousness-raising that nurses are empowered to...become agents of social change" (p. 1191). She further argues that in working toward attainment of this mandate, "[p]art of the socialization of nurses [must be]

directed at developing collective autonomy within different practice groups, student groups and the profession as a whole, in order that the emancipation which individuals [educated in an emancipatory curriculum] experience may be realized as a powerful cohesive force" (p. 1193). It is evident in her work that she believes that the power to transform such oppressive structures, including the health care system, indeed resides within the collective of nursing.

A similar view is put forth by Mason, Backer, and Georges (1991) who maintain that

> [q]uestioning and challenging [the] hierarchy is a difficult task for even the strongest among us. To do so demands that nurses develop empowerment and a collective identity that will breathe confidence, understanding and boldness into nurses' political actions, actions that *can* [emphasis added] transform the profession, health care and society. (p. 76)

They further argue that

> [n]urses must come to recognize that many of the problems they face are embedded in the systems in which they live and work, and cannot be solved by their [individual] actions alone. The current shortage of nurses and crisis in the health care system are situations ripe for making nurses' own professional experiences political; however, this requires that nurses stop using such oppressed behavior as blaming themselves...and instead, recognize the group's legitimacy and strength. (p. 75)

Like Mason, Backer, and Georges, Lenskyj (1993) argues for the development of a "collective identity" among nurses, charging that change in nursing education and nursing practice is hindered by the "lack of solidarity among nurses who do not acknowledge their collective identity as women and as workers in a health care system that is profoundly hierarchical, sexist, racist and classist" (p. 15). Implicit in her work,

as well as in that of Mason, Backer, and Georges, is the view that the power to transform oppressive social structures indeed resides within the collective of nursing.

Consider next the opposing position which is taken on this issue which holds that the power to transform oppressive social structures does not necessarily reside within nursing. This position is predicated on the belief that while nurses may seek to transform oppressive social structures within the larger social context of nursing education and nursing practice, inherent within those structures is the power to constrain the actions of those who seek to transform them. Consequently, such oppressive social structures are resistant to change. Among the authors who take this position are Allen; Chavasse; Clare; Diekelmann, Allen, and Tanner; Gray; Perry and Moss; Reverby; and, Spence.

Gray (1995) speaks to the power of oppressive educational settings to engender compliance, rather than change, and the dilemmas nurse educators face in taking action to transform them because of the fact that they are an integral part of the very structures that they are attempting to transform.

> My role as a teacher, from the perspective of the university, was to serve as an agent of that institution. I recognized that as an agent of this institution, I was given power over those to be socialized and was expected to produce citizens (nurses) who would go out and effectively participate in the existing (health care) system. I came to conceptualize this entire process as a primarily covert operation functioning at conscious as well as unconscious levels. I also understood that it was an act of resistance and revolution to examine the system's hidden assumptions, goals, values, and methods. It was also an act of resistance to undertake the task of creating classrooms where students would truly be free to examine their own and other's perspectives and learn to critique as well as to explore the creation of other ways of being and doing in the

world. (p. 79)

Although she *personally* made a decision to resist, as indicated in the following quote, and even though she was able to effect some changes in the system (albeit limited), the inherent power of the system to engender compliance, rather than change, rendered that system resistant to change or transformation.

> I decided to assume...that while the system might tend to look the same, I could create a few perturbations within my sphere - the classroom - that might eventually begin to affect the system. Even if my local actions didn't change the larger system, I believed an emancipatory classroom would better serve students than the traditional "banking" model critiqued by Freire. (p. 79)

Support for the position that the power to transform oppressive social structures does not necessarily reside within nursing is also found in the work of Perry and Moss (1988/89). In their opinion, structural controls inherent in the technical (objectives) approach to nursing curricula function to limit the power of nurse educators and students to transform nursing education. They contend that within such curricula

> [t]he intended learning outcome, or the behavioral objective, becomes the basis on which the curriculum is designed and education becomes a means to an end measured in terms of student attainment. The curriculum is seen not only as a means of obtaining an organized health system, but also as a means of preserving 'desirable' characteristics of graduate nurses as determined by those who hold power in hierarchical structures. (p. 36)

Consequently, the curriculum functions to maintain the status quo while the power of nurse educators to change the curriculum is constrained by the power inherent in the hierarchical structures within which nursing education itself is located.

Several other authors also speak to the power of hierarchical structures in nursing education and nursing practice to constrain the action of nurse educators to transform the system. For example, Clare (1993b) states,

> [r]egardless of the curriculum model-in-use, nursing is taught and practiced in institutions which have similar hierarchical structures and organizational practices. In both educational and practice contexts, nursing is not only bound by the rules and regulations of the school and the clinical agencies but also by the control exercised by the various boards in their registering and validating procedures and requirements. What teachers actually teach (and how they evaluate outcomes) is to a large extent prescribed either by regulation, or by specific kinds of organization such as the availability of clinical experience, timetables, hours required for specific subject areas, models of assessment required by validation boards and so on. (p. 285)

According to Clare, the expectation that nurse educators, as employees of their respective educational institutions, will conform to such constraints consequently serves to constrain the actions of those who would seek to change the system. Further to this, Spence (1994) argues that while

> [s]tatutory bodies...have a role in monitoring curricula...they are more likely to follow, than to lead educational reform. Together with national nursing associations they set standards for education and in doing so, define the sort of person they want as a nurse. Their attitudes and emphases therefore covertly influence the direction of nursing and may or may not be congruent with emancipatory aims. (p. 190)

Similar issues of power, control and conformity are explicitly addressed by Allen (1990a) in his critique of the accreditation process for schools of nursing in the United States. He states that

> many participants in the curriculum revolution believe that the criteria and processes we use to accredit schools of nursing reflect [values of power, control and conformity]. Accreditation enforces the transmission of certain

> information and the adoption of certain approaches regardless of the mission, expertise, values, and environment of any particular school. (p. 315)

He holds that the accreditation process engenders conformity, and hence is oppressive, and posits, along with Diekelmann and Tanner (1989), that it creates "anger, resentment and resistance" (p. 315) among nurse educators. Furthermore, in their view, the process rewards compliance with behaviorist ideals because the outcomes of the process, be they positive or negative, have the potential to affect the ongoing viability of nursing programs (Diekelmann, Allen, & Tanner, 1989). The inherent threat of sanction thus acts to deter nurse educators from attempting to transform oppressive aspects of the curriculum and consequently renders the educational system resistant to change.

Other authors suggest that oppressive social structures also engender, among the people who work within them, feelings of powerlessness which prevent them from taking action to transform such structures, and ultimately, act to protect such structures against change. Chavasse (1992), for example, claims that as a result of working within systems in which they possess little power, nurses, including nurse educators, frequently feel "a sense of distrust, a feeling of alienation from resources to social influence, a sense of hopelessness, and, perhaps, an attitude of self-blame" (p. 2). In her view, this feeling of being powerless to change the system relegates nurses and nurse educators to work within a system

> which either exists outside of the control of those who work within it, or has to be worked around in order to fulfil professional responsibilities. In either case

> organizational constraints on nursing education and practice are often seen as inevitable, unchallengeable except in covert ways, and something to be endured. (p. 2)

These feelings are echoed by Gray (1995) who, in describing her own teaching experiences, states,

> I noticed that as I became aware of the larger social processes within the university and in society, I tended to feel overwhelmed and de-energized. I began to think that it was an impossible situation and that, as one person, I was unlikely to change things. I also began to suspect that my reaction was built into the system as a way to control or minimize challenges to the system. (p. 79)

Spence (1994) suggests that by "interpreting their lack of power at a personal level, nurses [often] fail to see the hegemonic influences of the institutions in which they work because their professional socialization is insidiously shaped by those traditionally dominant in society" (p. 187). Consequently, they fail to act, and indirectly protect such oppressive social structures from change.

Finally, support for the position that the power to transform oppressive social structures does not necessarily reside within nursing is found in the work of Reverby (1987). It is her firm belief that while nurses individually and collectively may seek to transform oppressive social structures, the problems in nursing education and nursing practice are "too tied to society's broader gender and class problems to be resolved by the political or professional efforts of one occupational group [including nursing]" (p. 10). Hence she argues that societal views of gender and class, which in her view are largely patriarchal, function to uphold oppressive social structures within the larger

social context of nursing education and nursing practice rendering them resistant to change by nurses alone.

Normative Issue

The Issue Concerning the Way in Which Oppressive Social Structures Ought to be Changed

As noted earlier, that oppressive social structures within the larger social context of nursing education and nursing practice *ought* to be changed is held to be indisputable by authors who share this fourth conceptualization of emancipatory pedagogy in nursing education. However, when the question, "In what way ought such oppressive social structures be changed?" is posed, two distinct positions are taken. On the one hand, are authors who maintain that oppressive social structures ought to be changed *in degree* such that they are less oppressive. On the other hand, are those who argue that oppressive social structures ought to be changed *in kind* such that they are devoid of oppressive attributes. On the basis that this issue is concerned with the way in which oppressive social structures ought to be changed, it is classified as a normative issue. Among the authors who are party to this issue are Bevis; Clare; Lenskyj; MacLeod and Farrell; and, Spence.

Consider first the position which holds that oppressive social structures ought to be changed *in degree* such that they are less oppressive. Implicit support for this position is found in the work of Bevis and of Spence. Spence (1994) holds that emancipatory aims in nursing education are often thwarted by socio-political influences

within the institutions in which nursing education occurs. She claims that if nursing education is to attain its emancipatory ends, the "socio-political issues impinging on nursing practice must be addressed so that alternative structures, *more supportive* [emphasis added] of nursing can be developed" (p. 190). Despite the fact that she states that "structures need, therefore, to be developed that...challenge the status quo" (p. 190), the alternatives she proposes (e.g., facilitating the interdependence of nursing practice, education, administration, and research; forming positive relationships between education and service; and, establishing environments supportive of student learning) imply that these structures should be changed *in degree*, rather than *in kind*, and, as such, would become more supportive of, and consequently less oppressive of, emancipatory aims in nursing education.

Bevis (1989c) similarly posits that if the goals of the "curriculum revolution" in nursing education are to be attained, "practice settings must change so that they are *hospitable* [emphasis added] places for nurses to exercise new ways of being that are characteristic of the substantively different graduates of the new curricula" (p. 129). In calling for "alteration[s] in health care practice environments" (p. 128), she implores nurse educators to enter into negotiations with health care agencies "for basic shifts in their attitudes and policies about nurses and to enlist their aid in altering educational practices and state nursing acts regarding the constraints on both education and practice" (p. 132). Implicit in her call is the notion that such structures should be altered *in degree*, rather than *in kind*, and, as such, would become more supportive of

emancipatory aims in nursing education.

Contrary to the position that oppressive social structures ought to be changed *in degree* such that they are less oppressive of nursing education and nursing practice, several authors take the position that such social structures ought to be changed *in kind* such that they are devoid of oppressive attributes. Included among these are Clare; Lenskyj; and, MacLeod and Farrell.

In arguing for the *recreation* of the culture of professional nursing practice, which she claims is rooted in hegemony, Clare (1993a) implicitly supports the position that oppressive social structures ought to be changed *in kind* such that they are devoid of oppressive attributes. Reflecting the views of Apple (1979), she describes health and educational institutions as hegemonic structures within which the ideas, values and beliefs of dominant groups in society are embedded. Furthermore, she states that

> [t]hrough socialization, hegemony acts to saturate and to shape the consciousness of people so that existing belief and value systems, as well as existing social practices and institutions, are maintained and perpetuated. Through professional socialization, student and graduate nurses learn to think and act in ways which are defined for them by the traditionally dominant groups within the health system (such as doctors, administrators and policy makers) and which they accept as natural, common-sense views of social reality. (p. 1034)

She claims that, as a result, nursing education currently "helps create and legitimize forms of consciousness which reinforce existing hegemonic structures" (p. 1035). She further argues that

> through the 'common sense' processes of cultural reproduction nurses maintain and perpetuate the conditions of their own domination. This limits the

> ability of nurses to exercise autonomy and self-determination: to control what counts as knowledge in their field, to create knowledge about professional nursing practice, and to use that knowledge in appropriate ways for health care. (p. 1037)

She believes that unless the culture (conditions) of nursing practice are recreated (transformed), emancipatory goals of nursing education, among which she includes autonomy, empowerment and reflective practice, cannot be attained. Thus, she concludes that "nurses collectively must discover processes and act to transform the social structures which support the sources of power limiting nursing autonomy in every area of nursing education and practice" (p. 1037).

Further support for the position that oppressive social structures ought to be changed *in kind* such that they are devoid of oppressive attributes is found in the work of MacLeod and Farrell (1994). Like Clare (1993a, 1993b), they assert that clinical practice settings in which students learn to nurse must be changed; but, contrary to the aforementioned views of Bevis (1989c) and Spence (1994), they argue that merely rendering them more supportive is insufficient. They hold that if nurse educators are to transform the conditions of students' clinical practice, they must "enter into new forms of collaborative ventures between nursing education and practice...[in which] practitioners and educators are...equal partners" (p. 213). Quoting the work of Gilchrist (1973), they contend that

> [q]uite clearly a restructuring of the health care delivery system is important and, in fact, we can settle for nothing less. This does not mean changing bits and pieces of the present structural arrangement but rather changing the essence of each institution. (pp. 7-8)

They maintain that the recommendations of Gilchrist are equally applicable to the current system of nursing education and state that "[c]ollaborative systems, in which the partners are positioned to make an impact on each other's essences rather than just the bits and pieces, require that the partners be equal" (p. 213).

Finally, implicit support for the position that oppressive social structures ought to be changed *in kind* such that they are devoid of oppressive attributes is also found in the work of Lenskyj (1993). In describing recent changes in the delivery of women's health care services in North America, she reports that many feminist educators

> working on women's health issues [have] left mainstream health services in order to develop alternative, woman-centered programs and services that incorporate feminist analysis of misogyny, racism, class oppression, and homophobia....Such approaches go beyond the mainstream health system's consideration of 'the social determinants of health' to explore the ways in which women are agents, capable of making changes and choices in their lives, even though their freedom to do so is constrained by social structures that perpetuate economic, sexist and racist injustice. Feminist approaches to women's health promote women's individual and collective resistance to oppressive health care practices and social systems. (p. 15)

Implied is that the programs developed are devoid of oppressive attributes found within the "mainstream" health care system and, hence, differ *in kind.*

A Second Normative Issue

The Issue Concerning Whether the Perceived Costs of Taking Action to Transform Oppressive Social Structures Constitute Sufficient Reason Not To Do So

This issue concerns the perceived costs, to the individual, of taking action to transform oppressive social structures in nursing education and nursing practice. On the basis that it pertains to what ought to be done, it is classified as a normative issue.

Those authors who are party to this issue agree that while such action ought to be taken, there are costs in taking such action. Extant among them, however, is disagreement as to whether or not the perceived costs to self (and/or others) of taking such action constitutes sufficient reason not to do so. The question at issue therefore is, "Do the perceived costs to the individual of taking action to transform oppressive social structures in nursing education and nursing practice constitute sufficient reason not to do so?" Two positions are taken in relation to this question: (1) the perceived costs to the individual may, for some individuals, constitute sufficient reason not to take action to transform such oppressive social structures, and (2) the perceived costs to the individual do not constitute sufficient reason not to take action to transform such oppressive social structures. Authors who are party to this issue include Bevis; Chavasse; Clare; Mason, Backer, and Georges; Perry and Moss; and, Spence.

No authors were found to explicitly support the first position. Despite this, implicit in the works of several authors, including Chavasse; Clare; Mason, Backer, and Georges; Perry and Moss; and, Spence, are descriptions of perceived costs which may, for some individuals, constitute sufficient reason not to engage in action to transform oppressive social structures within the larger social context of nursing education and nursing practice. While these authors do not necessarily agree that this is the course of action that *ought* to be taken, they do acknowledge that for some individuals the perceived costs of taking such action may result in a conscious decision not to do so.

Spence (1994), for example, argues that because of negative "past experiences, fears of being misunderstood and of becoming vulnerable" (p. 191), nurses, ironically, are often reluctant to assert their beliefs about what ought to be changed even though they may share a commitment to change the socio-political structures which hinder reform. In order to protect themselves, nurses may, according to Spence, consciously "choose the status quo" (p. 191) and, consequently, continue to work in "authoritarian environments [which] offer defined structure and security" (p. 191).

Mason, Backer, and Georges (1991) similarly argue that, fearing reprisal by dominant groups within the system, nurses are inhibited, individually and collectively, from taking action to change the system. According to them, "[r]ecognizing the legitimacy of one's issues and concerns and understanding their political nature alone will not move nurses to effective political action" (p. 74).

Based on her research with nurse educators and students, Clare (1993b) holds that there is evidence to suggest that

> for the most part, teachers and students... understand that there are ways in which they could challenge and possibly change the situations which frustrate and constrain them in their everyday practice. But there is less evidence that teachers are willing and able to challenge the oppressive structures which give rise to these situations in the first place. (p. 284)

In her view, the failure of teachers and students to challenge such oppressive structures may be related, at least in part, to the fact that they "recognize and respond to the more subtle, covert messages they receive about their personal, professional and academic acceptability, and make choices about suitable courses of action which do

not jeopardise their place in the established order of the organization" (p. 284). Although she does not agree with their choice of action, she does concede that "it is reasonable that teachers would not want to jeopardise their professional reputations, or their jobs or chances for promotion" (p. 284). Implied is that, for some teachers, the perceived costs of taking action to transform oppressive social structures in nursing education and nursing practice may indeed constitute sufficient reason not to engage in such action.

Clare (1993b) further suggests that decisions, by teachers, to protect their positions in educational settings "should not be seen as only serving self-interests [because] teachers are also well aware of the effect such actions might have on their ability to organise their work and to teach students in the personal, relatively autonomous ways that they have already developed" (p. 284). On this view, action on the part of teachers to transform oppressive structures within educational settings is perceived as having a potentially detrimental effect on student learning and, hence, the perceived costs of taking such action may constitute sufficient reason, for some teachers, not to engage in action to transform them.

Some of the aforementioned authors hold that perceptions of vulnerability influence not only the actions of teachers, but also those of students, in oppressive educational settings, preventing them from taking action as well. Chavasse (1992), for example, notes that students often experience "severe dissonance of values" within clinical settings but "learn to conform to survive" (p. 2). In keeping with this, Perry

and Moss (1988/89) claim that there is a

> certain paradox between the apparent educational aims of lecturers in the classroom setting and the practice aims of lecturers and clinicians in the clinical setting. At the abstract level nurse educators and practitioners expect students to develop emotions, purpose, integrity and autonomy consistent with the professional attributes which form part of the formal doctrine of the nursing profession. At the practical level and in the ethos of the educational institution and the clinical agency, students are expected to be cooperative, conforming and accepting of existing practices, beliefs, attitudes and values. (p. 36)

Students are thus faced with the dilemma of learning to comply with these conflicting values without jeopardizing their educational standing either in the classroom or in the practice setting. According to Clare (1993a), "[n]o matter how conscious students are of having to comply with practices they find repressive, the daily pressure of having to meet course requirements and the risks of the consequences of open defiance (especially in the clinical areas) are usually enough to secure their compliance" (p. 1035). She notes that while most nurses, including students, may be able to "penetrate at the level of practice the elitism of the beliefs of those with more power...they may knowingly choose to perpetuate those beliefs for their own survival" (p. 1035).

Clare (1993a) holds that while teachers may be aware of this dilemma, they often feel powerless to change the situation. She notes that

> [t]hese contradictions between classroom knowledge and students' clinical experience are often quite clear to everyone involved but are seldom formally acknowledged in the curriculum or between teachers and students. Teachers... may be well aware of the difficulties students face in some clinical areas but may feel 'helpless' to do anything about it, unless they feel it is 'unsafe' to have students there. Even where these contradictions are acknowledged, teachers are dependent on finding sufficient clinical placements for students in a shrinking health service and may be unwilling to jeopardize traditional

> placements for a student who does not 'fit in' with as little disruption as possible. (p. 1035)

As a result of this, teachers may fail to act to change the situation not only because they feel powerless to do so but also because they perceive that the costs of doing so are too great for themselves and for their students.

A contrary position held in relation to this normative issue is that the perceived costs to the individual do not constitute sufficient reason not to take action to transform oppressive social structures in the larger social context of nursing education and nursing practice. Support for this position is found in the works of Bevis and of Clare. Of these, Clare (1993a, 1993b) is the most vocal with regard to this issue. It is evident in her works that she believes that while there are potential costs to the individual in taking action to transform oppressive structures in nursing education and nursing practice, these costs do not constitute sufficient reason not to engage in such action. She declares that nurse educators *must not* resign themselves to working within oppressive structures; instead they must take collective action to transform them because, in her view, "resignation to what seems inevitable ('it's just the system') maintains and recreates for the next generation of nurses the structures and conditions which prevent the profession from realizing its ideals" (1993a, p. 1035). She holds that nurse educators must change common practices in educational settings which mask "the social conditions which constrain nurses and...therefore [act] to support hegemonic structures" (1993b, p. 284). Support for this view is also found in the work

of Bevis (1993) who states that "the purpose of nursing education includes critical consciousness and social transformation. These require sensitization to hegemony and responsibility for counter-hegemony" (p. 104).

Clare (1993b) charges that, in failing to acknowledge and take action to resolve the contradictions students encounter between their classroom knowledge and their experiences in clinical practice, nurse educators

> undermine students' moral agency and bring students face-to-face with their own powerlessness - their inability to transform the conditions of their own practice. It may also convince students that teachers and practitioners are as powerless as they feel they are to change the practices, procedures, rules and regulations which prevent them from providing the kind of nursing care that they have been taught is desirable. (p. 284)

In order to change this, Clare holds that nurse educators must demonstrate, by example, that action can be taken to change the conditions of nursing education and nursing practice.

> If we want [students] to transform practice then we have to demonstrate how that can be done...demonstrating that teachers and practitioners can transform conditions and structures of their world of practice would teach students that some nursing ideals at least could be realised. (p. 285)

She warns that "by explaining or justifying why actions to transform a distressing professionally unacceptable situation cannot occur, teachers may comfort students but they do not empower them" (p. 285). She furthermore states that when teachers

> offer pragmatic solutions which justify or excuse unsatisfactory conditions of practice and point out to students that this is 'reality' and not the way that they should practice when they are registered nurses....[students] learn that graduate nurses are as powerless as they are to transform the conditions of their practice (1993a, p. 1036).

She further contends that while such explanations "may comfort students [they do] not empower them" (1993a, p. 1036).

CHAPTER IX

THE GENERAL CONTROVERSY

In the preceding four chapters, the four special controversies concerning emancipatory pedagogy in nursing education were set forth. According to Adler (1958, 1961), the final task in the dialectic process involves construction of the general controversy. Hence, in this chapter, the general controversy concerning emancipatory pedagogy in nursing education is set forth. Construction of the general controversy entailed formulating the subject of the general controversy concerning emancipatory pedagogy in nursing education, the issues comprising the general controversy, and the positions taken on each issue.

The four subjects of special controversy concerning emancipatory pedagogy in nursing education are related to the general controversy in that they fall under the general subject of emancipatory pedagogy in nursing education. Whereas the four special controversies are distinguished by their distinct subjects, the subject of the general controversy is inclusive of that which is common to all four of the subjects of special controversy concerning emancipatory pedagogy in nursing education. In identifying that which is common to all four of the subjects of special controversy, minimal topical agreement on the *general* subject of emancipatory pedagogy in nursing education is obtained. It is minimal topical agreement on the general subject of emancipatory pedagogy in nursing education which unifies the discourse concerning emancipatory pedagogy in nursing education and allows participants to engage in that

discourse.

At the center of the general controversy lies the issue of whether there is one kind, or several distinct kinds, of emancipatory pedagogy in nursing education. More specifically, the general controversy addresses the question of whether or not a particular subject of special controversy concerning emancipatory pedagogy in nursing education is, or is not, genuinely emancipatory pedagogy in nursing education. Thus, the subjects of the four special controversies are involved in the general controversy but only in so far as they are either affirmed or denied as existent or genuine forms of emancipatory pedagogy in nursing education by one or more authors who are party to the general controversy. The four subjects of special controversy that have been identified include: (1) teaching which functions to foster critical thinking among teachers and students of nursing; (2) teaching which functions to construct egalitarian relations of power between teachers and students of nursing; (3) teaching which functions to increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses; and, (4) teaching which functions to transform oppressive social structures within the larger social context of nursing education and nursing practice. Identification of these four subjects of special controversy suggests that disagreement may exist among the authors who address the general topic of emancipatory pedagogy in nursing education regarding what constitutes emancipatory pedagogy in nursing education.

It is important to note that not all of the authors who were party to the four

special controversies were found to be party to the general controversy. Only those authors who disagreed with one another about the existence or genuineness of one or more of the subjects of special controversy concerning emancipatory pedagogy in nursing education were considered to be part of the general controversy.

The Subject of the General Controversy

In constructing the general controversy regarding emancipatory pedagogy in nursing education, the subject of the general controversy was first set forth. Construction of the subject of the general controversy was guided by the question, "What is the generic meaning or general understanding of emancipatory pedagogy in nursing education that is commonly held by all authors who write about such pedagogy (i.e., what is the meaning that is inclusive of all of the meanings attributed to the subjects of special controversy)?" To answer this question, the four subjects of special controversy, including the points of minimal topical agreement related to each subject of special controversy and the issues comprising each of the four special controversies, were examined and conceptual similarities among them were identified. In so doing, minimal topical agreement regarding the general subject of emancipatory pedagogy in nursing education, and hence a definition of the subject of the general controversy, was established. The subject of the general controversy was constructed using neutral terminology such that all of the authors who were party to each of the special controversies, if they were to engage in face-to-face discussion, would agree with the formulation. In most cases, evidence of agreement regarding the general

subject of emancipatory pedagogy in nursing education was found to be implicit, rather than explicit, in the writings of the authors whose works were examined.

Among the authors whose works were examined, three major points of agreement were found regarding the general subject of emancipatory pedagogy in nursing education. First, there is agreement that teaching in nursing education is a political endeavor. Clare (1993b) maintains that nurse educators must come to "understand that education is a political act" (p. 49). In keeping with this, Bevis and Murray (1990) assert that "[t]eaching is a political activity. Embedded in teaching are the hidden messages abut what is valued, what learning is about, and who is in power, in control, and on top" (p. 326).

Wilson-Thomas (1995) maintains that "education can be a tool of conformity or an instrument of liberation" (p. 574). Reflecting the views of Freire (1970), she argues that traditional education, which is "based on the banking method [of education] whereby students accept the ideologies and values of society without questioning" (p. 574), is "based on cultural action for domination...[and consequently] serves as an instrument to indoctrinate and maintain the existing social order" (p. 574). Along a similar line, Bent (1993) notes that "[t]he dominant group has several mechanisms to maintain the structure of oppression. Education, when controlled by the powerful and limited to a standardized curriculum that supports their values, minimizes conflict" (p. 297).

These views are shared by Clare (1993a) who argues that "nursing education is

a political process which reproduces traditional practices" (p. 1033). According to her, "[t]here is evidence to suggest that dominant ideologies, embedded in the social processes of education and health care, shape the consciousness of nurse teachers and students towards conformity and compliance with established practices in hegemonic institutions" (p. 1033) and, consequently, helps "create and legitimize forms of consciousness which reinforce existing hegemonic structures" (p. 1034). She argues that, as a result, "[h]egemonic ideology induces our consent to an educational order which does not serve our real interests. It functions to conceal or misrepresent the real conflicts of interests - political and economic - and, in effect, it makes teachers and students unconscious participants in their own domination" (1993b, p. 285). She holds that

> the political processes of teaching and learning and their practical effects...must be revealed for critique and transformation if professional ideals of reflective practice, emancipatory knowledge and professional autonomy are to play an integral part in transforming professional nursing practice within hegemonic institutions. (1993a, p. 1033)

In keeping with this, Hedin and Donovan (1989) argue that "education is never a neutral enterprise; it either maintains the status quo or educates people to participate as cocreators of their reality" (p. 8). Citing the work of Freire (1970), Jewell (1994) likewise asserts that

> [t]here is no such thing as a neutral educational process. Education either functions as an instrument which is used to facilitate the integration of the younger generation into the logic of the present system and bring about conformity to it, or it becomes "the practice of freedom," the means by which men and women deal critically and creatively with reality and discover how to

participate in the transformation of their world. (p. 360)

Perry and Moss (1988/89) also see nursing education as a "political process" (p. 38) and argue for the incorporation of transformative (emancipatory) forms of curricula in nursing education so that "taken-for-granted assumptions about the nature of knowledge and its transmission [which] abound in nursing education and practice" (p. 38) can be brought into question. In keeping with this, Wilson-Thomas (1995) maintains that through emancipatory forms of nursing education, "action can be initiated to examine the existing realities of nursing" (p. 572). Krieger (1991) furthermore argues that "student nurses need to learn early in their education how to be politically active so that their nursing practice is what they want it to be" (p. 31).

A second point of agreement among authors whose works were examined is that emancipatory pedagogy in nursing education has a freeing or liberatory function. Bevis and Watson (1989), for example, call for "an alternative paradigm" to the current behaviorist model of nursing education and hold that such a paradigm "must liberate both students and faculty from the authoritarian restraints of empiricist/ behaviorist models [of education] as represented by specified behavioral objectives and teacher roles and functions necessitated by these objectives" (p. 1). In keeping with this, Bevis (1989c) states that "[nurse] educators working on new paradigms for curriculum development are in agreement...that any and all changes in paradigm must in some way affect the liberation and empowerment of people - both students and teachers" (p. 118). According to her, "without emancipation, [nursing] education is an

oppressive tool " (1989b, p. 162).

Reflecting the views of Freire (1970), Hedin (1986) maintains that

> through education...the consciousness of people can be changed. When individuals are enabled to "see through" the consciousness imposed by the oppressor group and judge it for what it is, they can visualize other possibilities. An education that is "freeing" is therefore needed; it is a freeing from a prescribed consciousness and a freeing to be fully human, to be a fully participating subject of the world. (p. 56)

She further adds that "knowledge pursued in an emancipatory interest is for liberation from outmoded relations and structures" (p. 57).

Hedin and Donovan (1989) likewise describe a "freeing" education as one which "results in emancipation" (p. 9). According to them, such an education is emancipatory because it seeks to free the individual "from a submerged consciousness, a consciousness in which [he or she] accepts the world as given and something to be adapted to, and free[s] [him or her] to be fully human [and]...critically engage the reality around [him or her]" (p. 9). In keeping with this, French and Cross (1992) posit that through emancipatory forms of education, nurses can acquire knowledge about and gain

> power over the forces which control and shape [their] lives even though these forces may first be seen as beyond human control. Insight can be gained through critical self-awareness and become emancipatory in the sense that [nurses] can come to recognize the reasons for their problems and limitations. (p. 84)

In the opinion of Bevis (1993), "[o]ne of the characteristics of education that distinguishes it from other types of learning is that it frees. In other words, it is

emancipatory" (p. 104). In keeping with this, she maintains that "the purpose of nursing education includes critical consciousness and social transformation" (p. 104). According to her, "the highest self [is] a self free of coercion and oppression. It is a self educated to the awareness of, and provided with the ability to think through and resist, the hidden cultural conditioning (hegemony) that inhibits the realization and insights that we are all creatures of that conditioning unless freed to the consciousness of it and creative in ways to counteract it" (p. 104). Based on this, she, among others, advocates emancipatory forms of pedagogy in nursing education.

A third point of agreement about the general subject of emancipatory pedagogy in nursing education is that it seeks an end to the oppression of nurses. Citing the work of Freire (1970), Jewell (1994), among others (e.g., Hedin, 1986; Hedin and Donovan, 1989), defines oppression as "any situation in which 'A' objectively exploits 'B' or hinders [her] pursuit of self-affirmation" (p. 360). Jewell notes that "other definitions of oppression encompass the idea of perpetuating cycles of dominance and submission. Groups are oppressed when outside forces control and define their existence" (p. 360). She contends that "[as] a result [of oppression] the oppressed develop characteristics that [further] contribute to their own oppression and hinder liberation efforts" (p. 361).

Also citing the work of Freire (1970), Rather (1994) defines oppression "as the imposition of one person's (or group's) choice upon another, transforming an individual's consciousness and bringing it in line with the oppressor's. Prescription of

thoughts, values, and behaviour is, thus, the basic element of oppression" (p. 264).

Like Jewell (1994), Bevis and Murray (1990) offer a very broad description of the nature of oppressive forces. According to them,

> [t]hat which overpowers, overwhelms, or overcomes is oppressive. That which exerts authority over another's mind or will, even while the victim does not perceive it as oppressive, is so. That which, through subtle or blatant means, reduces options, prescribes thoughts and behaviors, diminishes critical consciousness of prevailing political and economic hegemony, or decreases opportunities to construct knowledge (or its corollary: increases received knowledge) is oppressive. That which encourages one to accept the authority of another rather than encourages the scholarship that is the basis for investigating the assumptions and information through which one arrives at both questions and conclusions is oppressive. (p. 327)

Although none of the other authors who write about emancipatory pedagogy in nursing education address all of the oppressive forces described by Bevis and Murray, such oppressive forces are thought, by them, to limit or constrain the ways teachers and students of nursing think and act either as individuals or as a collective group. Furthermore, there is agreement among them that emancipatory pedagogy in nursing education seeks to free teachers and students of nursing from such oppressive forces and, hence, seeks an end to the oppression of nurses.

Hedin (1986) maintains that "research into situations of oppression is needed to reveal the forces at play so that they can be exposed. The reality of oppression and its effects on individuals must be brought to light so that its causes can be transformed" (p.57). In keeping with this, Moccia (1990) maintains that one of the fundamental challenges currently facing nursing education (and health care) is "an

ideological battle with the forces of a patriarchal world...[including patriarchal] values of dominance and control" (p. 308). Along a similar line, Bent (1993) argues that "nursing must [come to] recognize oppression in the structures within which nurses practice....Nurses must no longer assume that they are inherently inferior to the systems that surround them" (p. 298). According to her,

> [o]vercoming oppression in paternalistic structures also includes reclaiming the environment in which those mechanisms for oppression have worked against nursing. Both education and practice have felt influence from the hierarchy of medical culture and historical nursing structures over not only the nature of practice or instructional techniques and curriculum but also over the right to care and the perception of nurses' need to be educated and autonomous. (p. 300)

Perry and Moss (1988/89) argue that as a result of developing a socially critical attitude, teachers and students can come to "recognize their ability to challenge or change social structures which constrain professional action" (p. 36). They further posit that "through the process of developing emancipatory knowledge, the teacher not only assists the students to define their self-perceptions differently, but also facilitates awareness as to which aspects of their social order are oppressive" (p. 39). Hedin and Donovan (1989) concur with these views and likewise advocate nursing education which is concerned with "the identification and transformation of those structures and relations in society that lead to the oppression of women [and of nurses]" (p. 9).

In keeping with the aforementioned views, Hezekiah (1993) argues that "educating women (nurses) to the reality of the structures that oppress them and

giving them the tools of knowledge whereby they can consciously reflect on their condition...helps them to take constructive action to change their lives" (p. 57). More specifically, Boughn (1991), among others, calls for the incorporation of a feminist perspective in nursing education with a view to eliminating "systematic injustices [against women and nurses] based on gender" (p. 112).

In summary, there is topical agreement of the following points regarding emancipatory pedagogy in nursing education:

1. it is a political endeavor;
2. it is freeing; and,
3. it seeks an end to the oppression of nurses.

A descriptive formula for identifying emancipatory pedagogy in nursing education in general, and hence the subject of the general controversy, can be stated as follows: *emancipatory pedagogy in nursing education functions as a political endeavor to free nurses from oppression.* This broad notion of emancipatory pedagogy in nursing education was found to be common to all the various ways in which it is conceived.

The Issues Comprising the General Controversy

Having established the subject of the general controversy concerning emancipatory pedagogy in nursing education, the next task was to construct the issues that comprise the general controversy. In constructing the general controversy it was found that there is, in the examined literature, scant discourse related to the general controversy concerning emancipatory pedagogy in nursing education. Two factors

may account for this finding. First, the notion of emancipatory pedagogy in education in general, and in nursing education in particular, is relatively new. It was not until the mid-to-late 1970s that discussion of it began to appear in the nursing education literature. Hence, the time available for dialogue concerning the general notion of emancipatory pedagogy in nursing education has been very short.

A second factor that may have contributed to the lack of debate related to the general controversy concerning emancipatory pedagogy in nursing education is the tendency of nurse educators to base their conceptualizations of emancipatory pedagogy in nursing education primarily on the works of only a few authors, such as Freire (1970) and Habermas (1971), who are considered to be authorities with respect to emancipatory pedagogy in general. As a result, the conceptions of emancipatory pedagogy in nursing education put forth tend to be quite similar and only rarely have they been critiqued by other nurse educators and scholars. Noteworthy also is a failure, on the part of nurse educators, to acknowledge the critiques of emancipatory pedagogy in general which have been published by other educators and scholars such as Ellsworth (1992), Gore (1992, 1993), and Luke and Gore (1992). Whether it is the case that nurse educators are unaware of such critiques or that they do not agree with them is unknown. Whatever the case, the apparent lack of critique of the conceptions of emancipatory pedagogy in nursing education which have been put forth suggests that they have been accepted uncritically by other nurse educators. As a consequence, there is a paucity of debate in the nursing education literature related to the

conceptualizations of emancipatory pedagogy in nursing education proffered and to the general controversy concerning emancipatory pedagogy in nursing education.

Issues in the General Controversy Concerning Emancipatory Pedagogy in Nursing Education

Among the authors who are party to the examined discourse on emancipatory pedagogy in nursing education is agreement that *emancipatory pedagogy in nursing education functions as a political endeavor to free nurses from oppression*. Despite this agreement, there remains at issue two points which together comprise the general controversy concerning emancipatory pedagogy in nursing education. In each of the issues that comprise the general controversy, the genuineness of one of the special subjects of controversy concerning emancipatory pedagogy in nursing education is directly questioned on the grounds that it does not conform to the general idea of emancipatory pedagogy in nursing education noted above. In this way the general subject (i.e., the general idea) of emancipatory pedagogy in nursing education becomes the ultimate subject of the general controversy.

The general controversy concerning emancipatory pedagogy in nursing education is comprised of one conceptual and one existential issue. The conceptual issue concerns whether or not something which is conceived as emancipatory pedagogy in nursing education is genuinely that, properly conceived in conformity with the general idea of emancipatory pedagogy in nursing education. With respect to this issue, it is maintained by some nurse educators and scholars that what is conceived

as emancipatory pedagogy in nursing education, is not emancipatory pedagogy in nursing education, but is, instead, an illusory conception of it. The existential issue concerns whether or not one of the subjects of special controversy exists in reality. With respect to this issue, it is maintained by some nurse educators and scholars that what is conceived as emancipatory pedagogy in nursing education cannot and does not exist and, therefore, is not genuinely emancipatory pedagogy in nursing education. No evidence of normative issues related to the general controversy was found in the examined discourse. More specifically, no evidence was found to suggest that one or more authors denied that any one of the four special subjects was devoid of value or worth as a function of emancipatory pedagogy in nursing education.

The two possible issues that comprise the general controversy concerning emancipatory pedagogy in nursing education are:

1. *a conceptual issue concerning whether teaching which functions to foster critical thinking among teachers and students of nursing is genuinely emancipatory pedagogy in nursing education.*

2. *an existential issue concerning whether teaching which functions to construct egalitarian relations of power between teachers and students of nursing can and does exist as a function of emancipatory pedagogy in nursing education.*

It is important to note that the special subjects of controversy concerning teaching which functions to increase awareness of systematic gender-based injustices against nurses and teaching which functions to transform oppressive social structures

within the larger social context of nursing education and nursing practice are not part of the general controversy. This is the case because no author in the examined discourse was found to assert that such teaching is not genuinely emancipatory pedagogy in nursing education.

Conceptual Issue

The Issue Concerning Whether Teaching Which Functions to Foster Critical Thinking Among Teachers and Students of Nursing is Genuinely Emancipatory Pedagogy in Nursing Education

At issue in the general controversy is the question, "Is teaching which functions to foster critical thinking among teachers and students of nursing genuinely emancipatory pedagogy in nursing education?" As previously noted, among authors who share the conception that emancipatory pedagogy in nursing education functions to foster critical thinking among teachers and students of nursing, the term *critical thinking* broadly refers to *thinking which calls into question commonly held beliefs and assumptions in nursing education and nursing practice.* These authors are in agreement that teaching which functions to foster critical thinking (1) involves the development of critical consciousness by teachers and students of nursing; (2) entails approaches to teaching and learning which exist outside the behaviorist paradigm; and, (3) is characterized by dialogue between teachers and students of nursing.

Two positions are taken by authors who are party to this issue in relation to the question, "Is teaching which functions to foster critical thinking among teachers and students of nursing genuinely emancipatory pedagogy in nursing education?" Some

authors hold that teaching which functions to foster critical thinking among teachers and students of nursing is genuinely emancipatory pedagogy in nursing education, properly conceived in accordance with the general understanding of emancipatory pedagogy in nursing education. Others argue that teaching which functions to foster critical thinking among teachers and students of nursing is not genuinely emancipatory pedagogy in nursing education but is, instead, an illusory conception of it. In setting forth this issue, evidence of support for each of the positions taken will be considered in turn. Following that, evidence of rebuttal to the latter position will be presented. This rebuttal has been constructed from the discourse in the examined literature related to teaching which functions to foster critical thinking among teachers and students of nursing.

Consider first the position that holds that teaching which functions to foster critical thinking among teachers and students of nursing is genuinely emancipatory pedagogy in nursing education, properly conceived in accordance with the general understanding of emancipatory pedagogy in nursing education. Evidence of support for this position is found in the works of all of the authors who are party to the special subject of controversy concerning teaching which functions to foster critical thinking among teachers and students of nursing. Indeed, these authors would not be party to that controversy unless they affirmed that teaching which functions to foster critical thinking among teachers and students of nursing is genuinely emancipatory pedagogy in nursing education. Given that the evidence which supports the position that teaching

which functions to foster critical thinking among teachers and students of nursing is genuinely emancipatory pedagogy in nursing education was previously reported in Chapters III and V, it will not be reiterated here.

Support for the position that teaching which functions to foster critical thinking among teachers and students of nursing is not genuinely emancipatory pedagogy in nursing education but is, instead, an illusory conception of it can be found in the works of Cameron, Willis, and Crack; Clare; Maclean; MacLeod and Farrell; and, Spence. While these authors do not explicitly deny that teaching which functions to foster critical thinking among teachers and students is emancipatory pedagogy in nursing education, implicit in their works is the view that, in certain respects, such teaching does not conform to the *general* understanding of emancipatory pedagogy in nursing education. Hence, in the view of these authors, such teaching is not, therefore, genuinely emancipatory pedagogy in nursing education.

Maclean (1992), for example, argues that while teaching which functions to foster critical thinking among teachers and students may give the illusion of being emancipatory, the approaches to teaching and learning advocated by some of the authors who are party to this subject of special controversy are "interpretive" or "phenomenological" (p. 874) rather than emancipatory in nature. Consequently, in her view, there is a "lack of political analysis in their work" (p. 875). According to her, political analysis is an essential component of emancipatory pedagogy in nursing education. Exemplifying this, she charges that while Bevis and Watson (1989)

advocate

> an educative-caring model of nursing curriculum development with the goal of developing a curriculum that emancipates both students and faculty....[and] draw on the Freire's...notion of liberating education, their focus is more on a phenomenological approach to teaching, rather than the investigation of structural factors in society which influence people's actions. (p. 875)

Reflecting the views of Habermas (1971), Maclean notes that while "the emancipatory interest shares with the interpretive approach acceptance of subjective meanings and self-understanding, [it] adds political analysis through the recognition that such meanings may be distorted by prevailing social conditions" (p. 874). Owen-Mills (1995) shares this view and, citing the work of Clare (1991), similarly claims that "interpretive approaches fail to address the centrality of power relations both within nursing education and between nursing educational contexts and the larger social and political domain that influences and constrains them" (p. 1192). Implicit in the remarks of these authors is the view that because of this lack of political analysis, teaching which functions to foster critical thinking, as conceived by authors who are party to this subject of special controversy, is not genuinely emancipatory pedagogy in nursing education, properly conceived in accordance with the general understanding of emancipatory pedagogy in nursing education.

Clare (1993a, 1993b) similarly charges that much of the recent nursing education literature which calls for a "curriculum revolution" lacks such a political analysis and focuses instead on changing teaching practices and teacher-learner relationships as a means to freeing teachers and students of nursing from oppression.

She is of the opinion that teaching which seeks to free teachers and students of nursing from oppressive forces in nursing education and nursing practice by "revolutionizing" teaching practices and teacher-learner relationships is "idealistic" and "simply recreates the oppressive, controlling nature of the teacher-student relationship" (1993b, p. 283). Furthermore, she contends that it is insufficient to free them from oppressive forces in nursing education and nursing practice because it "discounts the intensity of the effects of institutional hegemony in the socio-political conditions of nursing and teaching practice and in the teacher-learner relationship" (p. 1036). In her opinion, while

> it has been well established that it is necessary to move beyond the constraints of an outmoded behaviorist curriculum model, which focuses more on the control of learning than on its enhancement, it is also necessary to examine the particular social, political and cultural conditions of teaching and learning nursing. This kind of examination is often missing from the nursing education literature - indeed [nursing education] is often presented in an a-political and a-contextual manner as if nursing education is an academic exercise occurring in a vacuum divorced from the chaos and uncertainties of real-world practice. (1993b, p. 283)

In light of this, she issues a challenge to the "rhetoric" of the curriculum revolution and emphatically warns that "changing the curriculum without transforming the conditions [culture] of practice will simply increase teachers', practitioners' and students' frustration and anger and is unlikely to empower anyone" (1993a, p. 1037).

Along a similar line, Spence (1994) contends that

> the idea of the 'curriculum revolution' does have potential [to attain emancipatory aims in nursing education] but the present pedagogical literature deals only with change at the level of the nurse educator and student. If further progress is to be made, consideration must be given to broader institutional influences, both societal and nursing....Changes need to be all-encompassing

rather than piecemeal. (p. 193)

In her view, "if transformation in nursing education is to occur, more than the schools of nursing need to change" (p. 190). Implicit in the works of these two authors is the view that while "revolutionizing" teaching practices and teacher-learner relationships may give the illusion of freeing teachers and students of nursing from oppressive forces in nursing education and nursing practice, it does not genuinely do so. Hence, it would seem to follow that, in their view, teaching which functions to foster critical thinking among teachers and students of nursing, which is characterized as entailing new approaches to teaching and learning as well as dialogic relationships between teachers and students of nursing, is not genuinely emancipatory pedagogy in nursing education, but is, instead, an illusory conception of it.

Clare (1993b) furthermore suggests that the assumption that the development of critical consciousness (enlightenment) by teachers and students of nursing, as a result of "revolutionizing" teaching practices and teacher-learner relationships, will free teachers and students of nursing from oppressive forces in nursing education and nursing practice is faulty. She contends that

> [m]uch of the recent nursing education literature...suggests that emancipation and empowerment of teachers and students would follow their *enlightenment* [emphasis added] as to the nature of the conditions of their practice. It is often suggested that this is done through transforming curriculum and through manipulation of the social conditions of learning, if not the learner herself.... These suggestions however discount the ways in which institutional ideology shapes the consciousness of nurse teachers and students to accept dominant views of what constitutes professional practice or what constitutes knowledge and how that may be obtained. (p. 383)

Implicit is the view that such enlightenment, while giving the illusion of being freeing or emancipatory, is not genuinely so. Given this, and her aforementioned remarks, it would seem to follow that, in Clare's (1993a, 1993b) view, teaching which functions to foster critical thinking, as conceived by authors who share this conception of emancipatory pedagogy in nursing education, is not genuinely emancipatory pedagogy, properly conceived in accordance with the general understanding of emancipatory pedagogy in nursing education, but is, instead, an illusory conception of it.

Further support for the position that teaching which functions to foster critical thinking among teachers and students of nursing is not genuinely emancipatory pedagogy in nursing education but is, instead, an illusory conception of it is implicitly found in the work of MacLeod and Farrell (1994). Like Clare (1993a, 1993b) and Spence (1994), they argue that "efforts to revolutionize nursing education remain centered at the educational level" (p. 209). They note that "the literature of the curriculum revolution speaks of the possibilities for transformed power relations between teachers and students...where students and teachers learn together through dialogue and problem-posing approaches" (p. 209). It is, however, their opinion that there are "limits as to how far the tenets of the curriculum revolution, with their focus on educational processes, can support the movement's goals of significant systemic reform in [the currently patriarchal] health and education sectors" (p. 209). According to them, "it is not enough to center educational reform within the education sector. Only when both the practice system and the education system change in partnership

can significant goals for significant health care and educational reform be met" (p. 208). In arguing that reform in "educational processes", such as the incorporation of dialogue and problem-posing in nursing education, is insufficient to attain the goals of the "curriculum revolution", these authors imply that teaching which functions to foster critical thinking among teachers and students of nursing, which entails such approaches to teaching and learning, is insufficient to do so as well. Nor would it, in their mind, be sufficient to free teachers and students of nursing from oppressive forces within the current patriarchal education and health care systems. Therefore, it would seem to follow that, in the view of MacLeod and Farrell, teaching which functions to foster critical thinking, as conceived by authors who share this conception of emancipatory pedagogy in nursing education, is not genuinely emancipatory pedagogy, properly conceived in accordance with the general understanding of emancipatory pedagogy in nursing education, but is, instead, an illusory conception of it.

Finally, support for the position that teaching which functions to foster critical thinking among teachers and students of nursing is not genuinely emancipatory pedagogy in nursing education but is, instead, an illusory conception of it, is found in the works of Cameron, Willis, and Crack (1995). Based on their own teaching experience, they maintain that such teaching, which is thought to nurture the development of critical consciousness, may in fact be alienating for teachers and students of nursing. According to them, the "discourse of critical, emancipatory

pedagogy which is based on the premise that to challenge and to change the problem it is necessary first to understand its structural causes...[may have the effect of] alienating [rather than liberating] students" (p. 337). Exemplifying this, they report that the "meta-theories of feminism, class and professional power [upon which their course was based] established monolithic conceptual barriers which were alienating and disempowering for students and counterproductive for creating change" (p. 337). Hence, they note that "rather than being inspired, "[students] were oppressed and alienated by both the material and us, as educators" (p. 337). Furthermore, they state that "teaching within a meta-theoretical framework was equally disempowering for us as educators" (p. 337). They believe that within the framework of such meta-theories, "change can only be effected by broad structural and cultural shifts, which is impossible to achieve through the actions of individual nurses" (p. 337). Citing the work of Lewis (1990), they claim that "the intended transformative powers of [such meta-theories in developing] critical consciousness, turns into the 'bad news' of social inequality and therefore a perspective and politics [teachers and students] wish to resist" (p. 337). Given the remarks of these authors, it would seem to follow that, in their opinion, teaching which functions to foster critical thinking among teachers and students of nursing, which is thought to entail nurturing the development of critical consciousness, does not necessarily do so and, hence, is not genuinely emancipatory pedagogy in nursing education. Rather, it is an illusory conception of it. They posit that what is required instead is a post-structuralist approach. In their course, a post-

structuralist approach was found to be useful in overcoming some of the problems they encountered because it "reformulates the problems, shifting the focus to local context, to the ways in which values, ideas, beliefs and social practices form and are formed through individuals and social institutions and expressed through language and meaning" (p. 338).

There is no evidence of rebuttal to the aforementioned views of Cameron, Willis, and Crack (1995) and only scant evidence which could be construed as rebuttal to the views of Clare (1993a, 1993b); MacLeod and Farrell (1994); and, Spence (1994). While no author was found to refute the claim that teaching which functions to foster critical thinking among teachers and students of nursing is not genuinely emancipatory pedagogy in nursing education, several are of the view that such teaching *leads* to action to free teachers and students of nursing from oppressive forces in nursing education and nursing practice. Perry and Moss (1988/89), for example, note that one of aims of transformative (emancipatory) curricula is to "initiate and develop in students a process of self-reflective inquiry which leads to transformative [emancipatory] action" (p. 38). Implicit in this is the view that teaching which functions to foster critical thinking among teachers and students of nursing is a precursor to such action. In the opinon of Perry and Moss,

> [t]hrough the transformative curriculum students engage in a process of systematic enquiry in which they focus on observation, description, analysis and discussion of the institutional contexts and practices with which they will be interacting....This experience of establishing dialogue between contextually conflicting, constraining and irrational perspectives and between those which

> are contextually congruent, freeing and rational results in emancipatory knowledge which empowers students to engage in transformative action. (p. 38)

According to them, "as a result of developing a socially critical attitude, students can come to recognize their ability to challenge or change social structures which constrain professional action" (p. 36). In keeping with this, French and Cross (1992) claim that "dramatic social and personal change is possible if we become aware of how ideologies contribute to our dependency on reified powers" (p. 84).

Existential Issue

The Issue Concerning Whether Teaching Which Functions to Construct Egalitarian Relations of Power Between Teachers and Students of Nursing Can and Does Exist as a Function of Emancipatory Pedagogy in Nursing Education

This existential issue in the general controversy concerns whether teaching which functions to construct egalitarian relations of power between teachers and students of nursing has real existence. The term *egalitarian relations of power* is used broadly by authors who are party to that conception of emancipatory pedagogy in nursing education to refer to *relations of power within which power in the classroom is shared between teachers and students of nursing*. At issue in the general controversy is the question, "Does teaching which functions to construct egalitarian relations of power between teachers and students of nursing exist in reality?" Two positions are taken with respect to this question. On the one hand, are authors who hold that teaching which functions to construct egalitarian relations of power between teachers and students of nursing can and does exist as a function of emancipatory

pedagogy in nursing education. On the other hand, are authors who hold the contrary position that teaching which functions to construct egalitarian relations of power between teachers and students of nursing cannot and, therefore, does not exist as a function of emancipatory pedagogy in nursing education. In setting forth this issue, evidence of support for each of these positions will be considered in turn. Following that, evidence of rebuttal to the latter position will be presented.

Consider first the position that holds that teaching which functions to construct egalitarian relations of power between teachers and students of nursing can and does exist as a function of emancipatory pedagogy in nursing education. Evidence of support for this position is found in the works of all of the authors who are party to the special subject of controversy concerning teaching which functions to construct egalitarian relations of power between teachers and students of nursing. Indeed, these authors would not be party to that controversy unless they affirmed that teaching which functions to construct egalitarian relations of power between teachers and students of nursing can and does exist as a function of emancipatory pedagogy in nursing education. Given that the evidence which supports the position that teaching which functions to construct egalitarian relations of power between teachers and students of nursing can and does exist as a function of emancipatory pedagogy in nursing education was previously reported in Chapters III and VI, it will not be reiterated here.

Only in the work of Cameron, Willis, and Crack (1995) is support found for

the position that teaching which functions to construct egalitarian relations of power between teachers and students of nursing cannot, and therefore, does not exist as a function of emancipatory pedagogy in nursing education. According to these authors, such teaching cannot exist as a function of emancipatory pedagogy in nursing education because, in their view, power *cannot* be shared. This view is clearly contrary to the notion which underpins this conception of emancipatory pedagogy in nursing education which holds that, in egalitarian relations of power, power *is* shared between teachers and students of nursing.

Citing the work of Foucault (1981), Cameron, Willis, and Crack (1995) argue that "power is not something that is acquired, seized or shared, something one holds on to or allows to slip away; power is exercised from innumerable points, in the interplay of nonegalitarian and mobile relations" (p. 94). On this view, "power is everywhere - it is diffuse and dynamic, exercised through the discourses which are played out around each local issue. Where there is power, there is always resistance so that the analysis of any issue will locate multiple sites of struggle" (p. 338). In light of their assertions, it would seem to follow that, in the view of these authors, it would not be possible for teachers to give "power to" students. This, too, is contrary to the views of authors who share the notion that constructing egalitarian relations of power entails just that. Thus, Cameron, Willis, and Crack implicitly deny that teaching which functions to construct egalitarian relations of power between teachers and students of nursing, as conceived by the authors who are party to that special controversy, can or

does exist as a function of emancipatory pedagogy in nursing education.

Cameron, Willis, and Crack (1995) yet further deny that emancipatory pedagogy in nursing education conceived as teaching which functions to construct egalitarian relations of power between teachers and students of nursing can exist as a function of emancipatory pedagogy in nursing education by asserting that power "comes from below....rather than...emanating from the rulers over the ruled" (p. 338). This, too, is contrary to the view that in traditional relations of power, teachers assume "power over" students, a notion which is shared by authors who are party to the special controversy concerning the construction of egalitarian relations of power. Furthermore, Cameron, Willis, and Crack implicitly deny that the giving of "power to" students will displace the binary oppositions which some authors who are party to that special controversy hold to exist (e.g., Symonds (1990)). They are of the opinion that the reverse is indeed the case: "artificial dichotomies are constructed where power within immutable structural arrangements is located exclusively at one point at the expense of others" (p. 337). According to them, within theories of dominance, "binary thinking [is reinforced] so that, for example, doctors and the medical system, are perceived as all powerful, all bad and omnipotent" (p. 337). In their view, conceiving power as being exercised, rather than shared, eliminates "assumptions of an overall unity of domination....[and focuses the analysis of relations of power] on the way in which power is exercised in any given setting" (p. 338). In denying the assumption of an overall unity of domination, which is implicit in the conception that emancipatory

pedagogy is teaching which functions to construct egalitarian relations of power between teachers and students of nursing, these authors imply that the assumptions underlying that conception of emancipatory pedagogy are faulty, lending yet further support to their position that teaching which functions to construct egalitarian relations of power between teachers and students of nursing cannot, and therefore, does not exist.

There is no evidence of rebuttal in the examined literature to the position that teaching which functions to construct egalitarian relations of power between teachers and students of nursing is not genuinely emancipatory pedagogy in nursing education, properly conceived in accordance with the general understanding of emancipatory pedagogy in nursing education.

CHAPTER X

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

In the preceding chapters, the general and special controversies concerning emancipatory pedagogy in nursing education were set forth. In this chapter, the method and findings of this study are summarized and discussed and recommendations for further scholarship with respect to emancipatory pedagogy in nursing education are presented.

Summary and Discussion of the Method

The subject of emancipatory pedagogy in general, and in nursing education in particular, is relatively new. It was not until the mid-to-late 1970s that discussion of it began to appear in the nursing education literature. Since that time, there has been a proliferation of works concerning emancipatory pedagogy in nursing education but only rarely have authors engaged in explicit debate of their conceptions of it. Consequently, the conceptions of emancipatory pedagogy in nursing education put forth have been, for the most part, unexamined and unquestioned. While there are differences in the conceptions which have been proffered, nurse educators have failed to join issue on the subject of emancipatory pedagogy in nursing education and, as a result, the discourse related to it remains diverse and fragmented. Furthermore, it fails to contribute, in a substantive way, to a clearer understanding of the nature, existence, and worth of emancipatory pedagogy in nursing education.

The purpose of this study was to render the diversity of opinions regarding

emancipatory pedagogy in nursing education more intelligible by constructing, from the examined literature, the controversies and issues that exist concerning it. It is hoped that in making apparent the issues related to emancipatory pedagogy in nursing education which yet need to be resolved, rational debate of those issues will be facilitated so that a better understanding of it can be attained.

Two research questions were addressed in this study: (1) Are there controversies, both general and specific, that can be constructed from representative, selected published literature regarding emancipatory pedagogy in nursing education? and, (2) If so, what are the structures of these controversies? To answer these questions, the dialectic method developed by Adler and his colleagues (1958, 1961) was utilized. It entailed a critical examination and systematic analysis of the published nursing discourse concerning emancipatory pedagogy in nursing education. The task at hand was not merely to report the various conceptualizations of emancipatory pedagogy in nursing education which have been put forth but rather to construct an objective, impartial, and neutral analysis of the discourse concerning emancipatory pedagogy in nursing education by formulating patterns of agreement and disagreement among authors participating in that discourse.

The study was carried out in three phases, each entailing specific procedures: (1) identification and selection of the relevant literature, (2) selection and recording of relevant passages from the selected literature, and (3) analysis of the selected passages and construction of the controversies. Although the description of these procedures, as

presented by Adler (1958, 1961), implies a linear progression, the researcher was in fact required to rework parts of the analysis and the construction of the controversies as new insights became available. This resulted in ongoing refinement of the controversies.

The literature examined was limited to works published, in English, in the nursing education literature between the years 1975 and 1996. To aid in the identification of the relevant literature, a broad definition of emancipatory pedagogy in nursing education was used: *pedagogy in nursing education which functions to free teachers and students of nursing to confront oppressive forces in nursing education and nursing practice with a view to eliminating the constraints they exert on nursing education and nursing practice*. Care was taken to ensure that the works selected were representative of the existing discourse related to emancipatory pedagogy in nursing education.

From the identified literature, passages were selected on the basis of their relatedness to the nature of emancipatory pedagogy in nursing education, its existence, and its value or worth. The selected passages comprised the raw data for analysis. The data were managed using NUD-IST 3.0, which facilitated the recording, sorting and coding (and, as the analysis progressed, recoding) of the selected passages according to topics, issues, and positions taken. Although this software was very useful in managing the large volume of data considered, the researcher was required to return repeatedly to the original sources to ensure that the context of the passages selected

for analysis was not lost. Repeatedly returning to the original sources also helped to ensure that passages not initially selected for analysis, but which were later recognized as relevant to the analysis, were not inadvertently omitted from the analysis.

It was evident in examining the selected literature that a diversity of views exists with regard to emancipatory pedagogy in nursing education. Hence, the first step in the analysis of the data entailed determining whether that diversity of views centered around one conception or several conceptions of emancipatory pedagogy in nursing education. It was found that there are four distinct subjects of discussion concerning emancipatory pedagogy in nursing education. These subjects, the subjects of four special controversies about emancipatory pedagogy in nursing education, are identified as teaching which functions to (1) foster critical thinking among teachers and students of nursing; (2) construct egalitarian relations of power between teachers and students of nursing; (3) increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses; and, (4) transform oppressive social structures within the larger social context of nursing education and nursing practice. Minimal topical agreement concerning each of the four subjects of special controversy was established by identifying key points of agreement among authors. Until such minimal topical agreement could be established, the issues comprising each of the special controversies could not be formulated.

Analysis of the selected literature revealed that several authors addressed more than one subject of special controversy in their conceptualization of emancipatory

pedagogy in nursing education. By considering which of the special controversies each author is party to, a more complete picture of each author's conceptualization of emancipatory pedagogy in nursing education is disclosed. This information is summarized in Tables 3 through 6. It is important to note, however, that it cannot be concluded that a particular subject of controversy is denied by an author because he or she fails to address it in his or her conceptualization of emancipatory pedagogy in nursing education. All that can be logically concluded is that he or she has not joined issue on the particular subject in question.

In constructing the issues comprising each of the four special controversies, questions were formulated about each subject of special controversy which authors, who were party to that subject, answered in different ways. This proved to be one of the most difficult aspects of this study because of the inconsistent and/or ambiguous use of terminology by authors and the failure of some authors to clearly explicate their positions. Complete topical agreement regarding the questions at issue was achieved by phrasing the questions in neutral terms such that, had the authors been engaged in face-to-face debate, the questions would have been understood in the same way by the authors answering them.

The issues comprising the four special controversies centered around questions which were conceptual, existential, and normative in nature. Conceptual issues were concerned with questions concerning the nature of the subject in question; existential issues were concerned with questions concerning the existence of the subject; and

Table 3
Authors Who are Party to One, and Only One, Special Controversy Concerning Emancipatory Pedagogy in Nursing Education

Teaching which functions to:

- foster critical thinking: *French and Cross; Hawks*
- construct egalitarian relations of power: *Chally*
- increase awareness of systematic gender-based injustices: *Andrist; Cameron, Willis, and Crack; Millar and Biley; Roberts; Ruffing-Rahal; Valentine*
- transform oppressive social structures: *Bent; Chavasse; Diekelmann, Allen, and Tanner; Hagell; MacLeod and Farrell; Moccia; Reverby*

Table 4
Authors Who are Party to Two Special Controversies Concerning Emancipatory Pedagogy in Nursing Education

Teaching which functions to:

- foster critical thinking *and* construct egalitarian relations of power: *Bevis and Murray; Diekelmann*
- foster critical thinking *and* transform oppressive social structures: *Krieger; Owen-Mills; Spence; Wilson-Thomas*
- construct egalitarian relations of power *and* increase awareness of systematic gender-based injustices: *Beck; Boughn; Chinn; Heinrich and Witt; Hezekiah; Keddy; Nelms; Schuster; Symonds; Wheeler and Chinn*
- increase awareness of systematic gender-based injustices *and* transform oppressive social structures: *Lenskyj; Mason, Backer, and Georges; Mason, Costello-Nickitas, Scanlan, and Magnuson; Watson*

Table 5
Authors Who are Party to Three Special Controversies Concerning Emancipatory Pedagogy in Nursing Education

Teaching which functions to:

- foster critical thinking *and* construct egalitarian relations of power *and* increase awareness of systematic gender-based injustices: *Boughn and Wang; Hedin and Donovan; Jewell*
- foster critical thinking *and* increase awareness of systematic gender-based injustices *and* transform oppressive social structures: *Harden*
- foster critical thinking *and* construct egalitarian relations of power *and* transform oppressive social structures: *Allen; Clare; Perry and Moss*
- construct egalitarian relations of power *and* increase awareness of systematic gender-based injustices *and* transform oppressive social structures: *Gray; Tanner*

Table 6
Authors Who are Party to All Four Special Controversies Concerning Emancipatory Pedagogy in Nursing Education

- foster critical thinking *and* construct egalitarian relations of power *and* increase awareness of systematic gender-based injustices *and* transform oppressive social structures: *Bevis; Rather*

normative issues were concerned with questions concerning the value or worth of the subject. Authors were said to be party to an issue if they could be construed as taking a position on one side or another of the issue in question. Inasmuch as was possible, direct quotes were used to provide evidence of the positions taken by authors on each of the issues formulated.

Construction of the general controversy concerning emancipatory pedagogy in nursing education entailed formulating the subject of the general controversy, the issues comprising the general controversy, and the positions taken on each issue. Whereas the four special controversies concerning emancipatory pedagogy in nursing education are distinguished by their distinct subjects, the subject of the general controversy is inclusive of that which is common to all four of the subjects of special controversy concerning emancipatory pedagogy in nursing education. In identifying that which was common to all four of the subjects of special controversy, minimal topical agreement among authors on the general subject of emancipatory pedagogy in nursing education was established. It is minimal topical agreement on the general subject of emancipatory pedagogy in nursing education which unifies the discourse concerning emancipatory pedagogy in nursing education and allows participants to engage in that discourse. The subject of the general controversy was identified as *teaching which functions as a political endeavor to free nurses from oppression.* This broad notion of emancipatory pedagogy in nursing education was found to be common to all the various ways in which it is conceived.

Having established the subject of the general controversy concerning emancipatory pedagogy in nursing education, the next task was to construct the issues that comprise the general controversy. At the center of the general controversy concerning emancipatory pedagogy in nursing education lies the issue of whether there is one kind, or several distinct kinds, of emancipatory pedagogy in nursing education. More specifically, the general controversy addresses the question of whether or not a particular subject of special controversy concerning emancipatory pedagogy in nursing education is, or is not, genuinely emancipatory pedagogy in nursing education. Only those authors who disagreed with one another with respect to this question were considered to be part of the general controversy concerning emancipatory pedagogy in nursing education.

Discussion of the Findings

Adler (1958, 1961) describes the dialectic task as one which entails constructing an impartial and unbiased account of a many-sided discussion. In setting forth the controversies, both general and special, concerning emancipatory pedagogy in nursing education in the preceding chapters, the dialectic task has been discharged. Given that, the researcher is now free to step aside from the requirement of dialectic neutrality and discuss the findings of this research. Hence, in what follows, a discussion of the four special controversies and the general controversy concerning emancipatory pedagogy in nursing education is presented. The discussion is limited to key points concerning each of the controversies which warrant further consideration

and the implications of resolving, or not resolving, particular issues inherent within them.

The special controversies concerning emancipatory pedagogy in nursing education

Teaching which functions to foster critical thinking among teachers and students of nursing. Consider first the special controversy concerning emancipatory pedagogy in nursing education conceived as teaching which functions to foster critical thinking among teachers and students of nursing. Authors who conceptualize emancipatory pedagogy in nursing education in this manner agree that it (1) involves the development of critical consciousness by teachers and students of nursing; (2) entails approaches to teaching and learning which exist outside the behaviorist paradigm; and, (3) is characterized by dialogue. Based on these views, nurse educators are implored, by these authors, to reconsider what constitutes teaching and learning in nursing education and to incorporate, in their practice, teaching and learning strategies which foster critical thinking. Yet, despite these points of agreement, there are differences in opinion among these authors concerning the ends sought and the approaches to teaching and learning appropriate to fostering critical thinking. Underlying these differences of opinion are important epistemological issues concerning what can be known and how one comes to know.

Two issues were identified which comprise the special controversy concerning teaching which functions to foster critical thinking. The first, a conceptual issue, concerns the properties of critical thinking and considers the congruence of critical

thinking and the use of the nursing process. The second, an existential issue, concerns how critical thinking is fostered and considers the appropriateness of lecture as a teaching strategy to foster critical thinking among teachers and students of nursing.

The issue of the congruence of critical thinking and the use of the nursing process is directly related to questions concerning the kinds of knowledge sought in critical thinking and in the use of the nursing process respectively. French and Cross (1992) and Wilson-Thomas (1995) are of the position that critical thinking and nursing process are incongruent because they differ with respect to their ends: whereas the end of critical thinking is emancipatory knowledge, the end of the nursing process is instrumental knowledge. In the view of Wilson-Thomas, instrumental knowledge perpetuates, rather than calls into question, paternalistic assumptions related to power and control in nursing practice and, hence, is incongruent with the notion of fostering critical thinking. Contrary to this, Bevis (1993) maintains that use of the nursing process is congruent with fostering critical thinking *provided that* it is informed by critical reflection.

Although French and Cross (1992) take the position that both instrumental and emancipatory forms of knowledge are required for nursing practice, implicit in the work of Wilson-Thomas (1995) is the view that instrumental knowledge related to prediction and control has *no place* in nursing practice. Yet, in contemplating the nature of nursing practice, it is evident that nurses rely upon such knowledge in making certain kinds of decisions in their practice. Included among these are decisions

related to determining which one of several potential interventions is most likely to result in a desired outcome. If there is indeed no place for instrumental knowledge in nursing practice, as is suggested by Wilson-Thomas, on what basis would such decisions be made? Before a response to this question can be formulated, nurse educators and scholars must settle the question of whether or not there are some instances where prediction and control *are* appropriate in nursing practice. Doing so will require that nurse educators and scholars come to a clearer understanding of the nature and place of instrumental and emancipatory forms of knowledge in nursing education and nursing practice. Failure to resolve this important issue will result in continued confusion, among nurse educators and scholars, with respect to how, or if, each of these forms of knowledge ought to be pursued in nursing education.

The issue concerning the appropriateness of lecture as a teaching strategy to foster critical thinking is directly related to questions concerning what constitutes knowledge and how one comes to know. Whereas some authors, including Boughn and Wang (1994) and Diekelmann (1993), are of the position that lecture is appropriate as a teaching strategy to foster critical thinking because it provides information upon which the student can reflect, others, including Bevis (1993) and Bevis and Murray (1990), take the position that while lecture may be an effective means of disseminating information, it does not foster critical thinking. In developing their argument they make a distinction between information, which is factual, and knowledge, which results from critical reflection on reality. In their opinion, lecture

teaches students *what* to think rather than *how* to think critically and hence is, by its very nature, oppressive and, consequently, inappropriate in fostering critical thinking among students.

The view that lecture is oppressive and does not foster critical thinking has been adopted by other nurse educators in formulating their conceptions of emancipatory pedagogy in nursing education. However, the distinction between information and knowledge, upon which it is based, has not been challenged to determine whether or not it is sound. Is there indeed a difference in the manner in which information and knowledge are constructed? Furthermore, how is it that information derived from lecture can, at one and the same time, be oppressive *and* "used to raise consciousness, to alter perceptions, to shape criticism, and to feed meanings" (Bevis and Murray, 1990, p. 327) and, hence, foster critical thinking? And, if, as Bevis and Murray suggest, lecture can "provide information that can be used to raise consciousness, to alter perceptions, to shape criticism, and to feed meanings" (p. 327), but that "it is what the learner does with the information derived from lecture [that fosters critical thinking]" (p. 327), do nurse educators, in fact, have a role in fostering critical thinking beyond that of providing information? If so, what is that role? These are important questions which must be addressed if nurse educators and scholars are to resolve the issue concerning the appropriateness of lecture (and, by extension, of other teaching strategies) in fostering critical thinking in nursing education.

Authors who are party to the special controversy concerning the fostering of critical thinking have been, for the most part, silent on the question of the evaluation of critical thinking in nursing education. Although several authors, including Diekelmann, Allen, and Tanner (1989) and Spence (1994), have argued that the methods of evaluation currently used in nursing education reflect behaviorist traditions in nursing education and, hence, are inappropriate for evaluating emancipatory aims, there is a paucity of debate concerning potential alternatives in the examined literature. Nor have nurse educators addressed the larger questions of whether or not it is possible (or desirable) to evaluate critical thinking and, if it is, the criteria by which such thinking should be evaluated. Inherent in these questions are other questions concerning how, and by whom, the criteria for evaluation would be determined as well as how, and by whom, the actual evaluation (if evaluation is desirable) would be conducted. Questions such as these have important implications not only for the evaluation of the outcomes of teaching which functions to foster critical thinking, but also for the development and evaluation of actual teaching and learning strategies designed to foster critical thinking in nursing education.

Teaching which functions to construct egalitarian relations of power between teachers and students of nursing. Consider next the special controversy concerning emancipatory pedagogy conceived as teaching which functions to construct egalitarian relations of power between teachers and students of nursing. Authors who are party to this conceptualization agree that emancipatory pedagogy in nursing education (1) is

inconsistent with current patriarchal views of power in nursing education; (2) connotes giving "power to" rather than assuming "power over" students; (3) entails developing partnerships between teachers and students; and, (4) involves mutual decision-making within the classroom. While these views would seem to be consistent with the view that in egalitarian relations of power, power is shared by teachers and students of nursing, there is disagreement among some authors regarding how that power is shared. Underlying these differences in opinion are important questions concerning the nature of power and how it is exercised.

Two issues were identified which comprise the special controversy concerning teaching which functions to construct egalitarian relations of power between teachers and students of nursing. The first, an existential issue, concerns how the sharing of power is enacted and considers the possibility of teachers and students sharing power equally. The second, a normative issue, centers around the question of whether the intent in constructing egalitarian relations of power is to *displace* hierarchical and authoritarian relations of power between teachers and students or to render them *less* hierarchical and authoritarian.

While there is clear evidence that authors who are party to this conception of emancipatory pedagogy in nursing education share a common view that in egalitarian relations of power, power is shared between teachers and students, there is a dearth of discussion with respect to the assumptions upon which this view is based. This is problematic because, in the absence of such discussion, it is not possible to determine

whether or not the recommendations made by these authors with respect to the sharing of power between teachers and students of nursing are indeed sound. Given this, assumptions inherent in the notion of shared power are examined in the discussion that follows. The intent in so doing is not to discount the call by nurse educators for a redistribution of power between teachers and students of nursing; it is rather to point out the need for further debate with regard to the implications of their assertions.

According to Gore (1992, 1993), underlying the notion that the teacher can give "power to" the student is the assumption that the teacher is powerful and aims to empower and that the student is powerless and is to be empowered. Implicit also is that power can be controlled, withheld, or withdrawn by the teacher. Hence, the teacher is conceived as possessing agency whereas the student is not. In viewing the teacher as the agent of empowerment, the teacher consequently assumes an active role in the process of empowerment and the student assumes the role of passive recipient. Furthermore, in direct contrast to the views of several of the authors who are party to this conception of emancipatory pedagogy in nursing education, Gore (1992) holds that the notion of giving "power to" students serves to reinscribe rather than displace the view of teacher as powerful and student as powerless which is inherent in hierarchical and authoritarian relations of power between teachers and students. In light of the apparent contradictions between the assumptions which undergird the notion of shared power and the intent stated by authors who call for the sharing of power between teachers and students of nursing, it would seem that close examination

of the views set forth by authors who are party to this conception of emancipatory pedagogy in nursing education is in order. Unless these apparent contradictions can be reconciled, nurse educators will be unable to determine whether or not the construction of egalitarian relations of power between teachers and students of nursing, as conceived by these authors, is genuinely emancipatory or only gives the illusion of being emancipatory. More specifically, they will be unable to determine whether the sharing of power indeed serves either to displace or to render hierarchical and authoritarian relations of power less hierarchical and authoritarian or if it merely gives the illusion of doing so.

A second assumption implicit in the view that power ought to be shared between teachers and students of nursing is the notion that altering the balance of power between them is sufficient to eliminate conditions of dominance and control within the classroom. Gore (1992) questions this assumption on the basis that seeking to change the distribution of power between teachers and students maintains a focus on *who* is in power rather than on *how* relations of power between teachers and students perpetuate conditions of dominance and control within the classroom. She holds that race, class, and gender also perpetuate conditions of dominance and control and must be considered in the analysis of relations of power between teachers and students. Although such factors have received mention in the nursing education literature (e.g., Allen (1990a, 1990b) and Gray (1995)), they have not been comprehensively examined in the context of relations of power between teachers and

students of nursing. A comprehensive understanding of how such factors influence relations of power is essential if nurse educators are to delineate more clearly the conditions which govern the sharing of power, and by extension, the construction of egalitarian relations of power between teachers and students of nursing.

A third assumption which underlies the notion that power can be "given to" students is that the *effects* of the exercise of that power by the teacher and the student are necessarily complementary (Gore, 1992). On this view, it is assumed that the teacher and the student have the same end in mind and that the power "given" to the student, by the teacher, will be used by the student in attaining that end. This is an important assumption that has not been adequately addressed by nurse educators who advocate the sharing of power between teachers and students. Although Allen (1990a), in stating that students ought to be considered as "participants who share some of our goals (but not others)" (p. 314), acknowledges that teachers and students may not always have the same end in view, neither he nor other authors who advocate the sharing of power address the possibility that in such a case, the sharing of power may result in *net outcomes* which are less than, or contrary to, the intended outcome. Noteworthy also is the lack of discourse concerning how, within such relations of power, potential conflicts between teachers and students concerning ends to be attained, and the means to be used in attaining those ends, are to be resolved (or if indeed they need to be resolved).

In order to resolve issues such as these, nurse educators must join issue with

respect to questions concerning the proper end of nursing education and the respective roles of teachers and students in delineating that end. Furthermore, nurse educators need to dispute the proper place of authority in emancipatory pedagogy in nursing education and the circumstances (if any) under which it is appropriate for nurse educators to retain authority in relations with students. Can teachers retain authority without becoming authoritarian? Inherent within such a dispute are yet further questions concerning the equality of teachers and students: are teachers and students equal in all respects or are they equal in some respects (e.g., their humanity) but not others (e.g., their level of expertise and their consequent authority in the educational process)? Answers to questions such as these have important implications for delineating the principles governing the sharing of power and, consequently, for determining circumstances under which power is shared (or is not shared) and the extent to which it is shared (or is not shared) by teachers and students of nursing within the classroom. There is evidence in the examined literature that nurse educators are beginning to explore such issues, as noted in the issue concerning the possibility of the equal sharing of power between teachers and students. However, ongoing debate is required if nurse educators are to resolve this (and other) existential issue(s) concerning the distribution of power within the classroom and the construction of egalitarian relations of power between teachers and students of nursing.

Teaching which functions to increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses. Consider next the

special controversy concerning emancipatory pedagogy conceived as teaching which functions to increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses. Authors who are party to this conceptualization agree that emancipatory pedagogy in nursing education (1) reflects the fundamental belief that nurses, as women, are oppressed; (2) entails making teachers and students of nursing cognizant of their own oppression and the ways in which they are oppressive of others; and, (3) entails developing understanding of how systematic gender-based injustices perpetuate the oppression of women and of nurses. While these views would seem to be consistent with the view that such knowledge is essential to women overcoming their own oppression, there is disagreement among some authors regarding who can acquire such knowledge and the extent to which such knowledge is valued by teachers and students of nursing. Underlying these differences in opinion are important ontological questions concerning the concept of gender.

Two issues were identified which comprise the special controversy concerning teaching which functions to increase awareness among teachers and students of nursing of systematic gender-based injustices against nurses. The first, an existential issue, concerns who can come to understand such injustices and deals with the question of whether both men and women can do so. The second, a normative issue, concerns the valuing of such teaching by teachers and students of nursing and centers around the question concerning whether or not such teaching is (or should) be valued by all teachers and students of nursing.

Consider first the issue concerning who can adequately understand systematic gender-based injustices against nurses. Implicit in the works of authors including Ruffing-Rahal (1992) and Symonds (1990) is support for the position that only women can come to understand systematic gender-based injustices against nurses. This view is predicated on the belief that such injustices can be understood only within the context of women's lives. In contrast to this position, evidence is found in the works of authors such as Beck (1995), Boughn (1991), Hedin and Donovan (1989), Mason, Backer, and Georges (1991), Mason, Costello-Nickitas, Scanlan, and Magnuson (1991), and Tanner (1993) supporting the view that such injustices can be understood by both men and women. Underlying this issue is the question of whether or not female gender is necessary to such understanding. This question, which is not unique to the nursing education literature, is important because it has implications for the manner in which teaching which functions to increase awareness of systematic gender-based injustices against nurses is conceived by nurse educators and scholars.

The argument that only women can come to understand systematic gender-based injustices against nurses (and women) is grounded in the concept of the essential female. On this view, essential differences are said to exist between men and women. Implicit in the works of Ruffing-Rahal (1992) and Symonds (1990) is the view that, because of these essential differences, men are unable to come to understand the experiences of women. Although this view is not necessarily contrary to what common sense might suggest, Mohanty (1991) argues that the use of women as a stable

category of analysis in examining the oppression of women assumes

> an ahistorical, universal unity between women based on a generalized notion of their subordination....[I]t limits the definition of the female subject to gender identity, completely bypassing social class and ethnic identities. What characterizes women as a group is their gender (sociologically, not necessarily biologically, defined) over and above everything else, indicating a monolithic notion of sexual difference. Because women are thus constituted as a coherent group, sexual difference becomes coterminous with female subordination. (p. 64)

Alcoff (1988) cautions that defining women in an essentialist manner reinforces, not only the belief in an innate womanhood (generally held to be defined by men) to which all women must conform, but also the binary oppositions which have been socially constructed on the basis of gender.

The charges set forth by Mohanty (1991) and Alcoff (1988) have important implications with respect to the issue at hand. If women (nurses) are not valued as women by men (the patriarchy), as is oft charged by authors who are party to this subject of special controversy, then it would seem to follow that arguments denouncing systematic gender-based injustices against women (nurses) are not likely to be heard by men (the patriarchy). Furthermore, if they are not heard (understood) by men, who are reputed to be the perpetrators of such injustices, there is little reason to believe that men would take action against such injustices. Given this, what form would political action against such systematic gender-based injustices take? Would emancipatory pedagogy in nursing education, conceived as teaching which functions to increase awareness of systematic gender-based injustices against nurses, be limited to

increasing awareness of such injustices among women? Would any means of increasing awareness among men, or within the patriarchy, exist? And, more specifically, what would be the place of the male student, the male nurse, or the male nurse educator with respect to this conception of emancipatory pedagogy in nursing education?

A second argument that has been put forth against essentialism is that, in addition to reinforcing binary dichotomies based on gender, it also serves to define power relations in binary terms. Although this argument is not directly related to the issue concerning who can come to understand systematic gender-based injustices against nurses, it is directly related to understanding how relations of power are construed as perpetuating systematic gender-based injustices and, hence, bears consideration here. Mohanty (1991) posits that in holding to an essentialist view of gender, men are seen as powerful and dominant and women are seen as powerless and subordinate. Hence, women are exploited by men. Mohanty argues that analyzing relations of power in this way locks all struggles into the binary structure of powerful:powerless and that the disruption of current social structures would therefore take the form of a simple inversion of the power relations that currently exist. Thus, women would become powerful and men would become powerless. In her view, such an inversion is problematic in that it does not deal with the social structures which allow inequities in power relations to occur in the first place. While none of the authors who are party to this subject of special controversy explicitly advocate such an inversion in power relations, the view that female (feminist) views of power are to be

preferred over male (patriarchal) views of power is evident in some of their works. For example, extant in the works of Chinn (1989) and Wheeler and Chinn (1991) is a call for an environment for women which is free of masculinist values and characterized by what they hold to be "feminist alternatives" to patriarchal views of power. They note that they call these views of power "alternatives only because they are not yet the predominant mode of action in the world at large" (p. 8). Likewise, Mason, Costello-Nikitas, Scanlan, and Magnuson (1991) argue for a feminist view of empowerment and hold that while "nurses certainly need to be knowledgeable about the techniques used by the dominant systems to effect change, a feminist view of empowerment suggests that...new and different approaches to political action [need to] be developed" (p. 75). Consistent with the critique presented by Mohanty, these views tend to focus on gender rather than on the social structures which function to perpetuate inequities in power relations between men and women.

Whereas some might suggest that the problems inherent in an essentialist view of women could be overcome by dispensing with the concept of gender, Alcoff (1988), among others, holds that in so doing the category "women" would cease to exist and questions of female oppression would be rendered invalid. She poses the question, "What can we demand in the name of women if 'women' do not exist and demands in their name simply reinforces the myth that they do? How can we speak out against sexism as detrimental to the interests of women if the category is a fiction?" (p. 420). Clearly, with respect to the issue at hand, dispensing with the concept of gender

would not serve to increase awareness of systematic gender-based injustices against nurses. Alcoff notes that while the concept and category of women is problematic, it is "the necessary point of departure for any feminist theory and feminist politics" (p. 405).

As a possible solution to the aforementioned problems, Alcoff (1988) argues for the concepts of gendered subjectivity and of positionality which she maintains allows for the consideration of the context of women's lives and makes possible the examination of power relationships within that context. In her view, rather than assuming that all women are oppressed in the same manner, it permits the identification of power structures which result in oppression which may be extant in particular settings and not others. As a result, different forms of political action, unique to particular settings, can be developed to effect change. While authors who take the position that systematic gender-based injustices can be understood only within the context of women's lives may be seen, in some ways, as ascribing to this view, their works seem to center around the concept of gender rather than gendered subjectivity or positionality. Given the differing implications that a focus on gender and a focus on gendered subjectivity and positionality have for increasing awareness of systematic gender-based injustices against nurses, it would seem that further dispute with respect to these implications is in order if nurse educators and scholars are to answer questions concerning how nurses can come to understand such injustices. Ultimately, a fuller understanding of the implications of adopting the alternatives set

forth by Alcoff (1988) will contribute to developing teaching strategies which function to increase awareness of systematic gender-based injustices perpetuated against nurses and to formulate effective political actions to overcome the oppression of nurses and of women.

Consider next the normative issue concerning the extent to which teaching which functions to increase awareness of systematic gender-based injustices against nurses is valued by teachers and students of nursing. Implicit in the works of some authors, including Boughn (1991), Boughn and Wang (1994), and Schuster (1993), is support for the view that, by virtue of its political agenda which advocates justice and equality for women, such teaching ought to be valued by all teachers and students of nursing. Hence they envision that such teaching will eventually be integrated throughout nursing curricula. In contrast, other authors including Heinrich and Witt (1993), Keddy (1995), Lenskyj (1993), and Millar and Biley (1992) imply that, despite its political agenda, such teaching is not necessarily valued by all teachers and students of nursing and, as a result, resistance to it is seen. Underlying this issue are essentialist views of gender similar to those put forth by Mohanty (1991) and discussed with respect to the preceding issue.

The first position taken on this issue is based on an assumption that women are a coherent group with identical needs and interests. Implicit is that all women ought to be interested in, and would benefit from, such teaching and that, consequently, such teaching ought to be valued by them. The evidence presented by authors who are party

to the opposing position on this issue suggests that this is not necessarily the case. Such teaching was *not* found, by some of these authors, to be valued by all female students and, hence, some female students were resistant to it. Furthermore, according to the reports of these authors, the reasons for their resistance varied, further calling into question the assumption that all women share a common understanding of, and common concerns related to, the systematic gender-based oppression of women. While some authors who are party to this issue have suggested reasons for resistance to such teaching, little evidence of in-depth analysis of these (or other) possible reasons was found in the examined literature. This has important implications. If the reasons for students' resistance to such teaching are not known or questioned, how is it that nurse educators are to design and incorporate effective teaching strategies aimed at increasing students' awareness of systematic gender-based injustices perpetrated against women and nurses?

It is evident that in order to come to a fuller understanding of emancipatory pedagogy conceived as teaching which functions to increase awareness of systematic gender-based injustices, nurse educators and scholars must dispute the assumptions which undergird this conception of emancipatory pedagogy in nursing education. What are the consequent implications of these assumptions for such teaching? Are there other factors, in addition to gender, which perpetuate the oppression of nurses (and of women) and bear further consideration? It would seem, from the preceding discussion, that the concepts of gendered subjectivity and of positionality warrant further

exploration by nurse educators and scholars with respect to this conception of emancipatory pedagogy in nursing education.

Teaching which functions to transform oppressive social structures within the larger social context of nursing education and nursing practice. Consider next the special controversy concerning emancipatory pedagogy conceived as teaching which functions to transform oppressive social structures within the larger social context of nursing education and nursing practice. Authors who are party to this conception agree that emancipatory pedagogy in nursing education (1) requires that teachers and students of nursing become cognizant of ideologies which uphold oppressive social structures in nursing education and nursing practice; (2) entails critical examination of such oppressive social structures; and, (3) extends beyond critical examination to engaging in socio-political action. Based on these views, nurse educators (and students) are implored to take action to transform oppressive social structures within the larger social context of nursing education and nursing practice. Yet, despite these points of agreement, differences of opinion are evident among these authors with respect to what taking such action entails.

Three issues comprise the special controversy concerning teaching which functions to transform oppressive social structures within the larger context of nursing education and nursing practice: one is existential in nature whereas the other two are normative in nature. The existential issue concerns whether or not the power to transform oppressive social structures resides within nursing and considers the

amenability of such structures to change. The first of the two normative issues deals with the ends sought in transforming oppressive social structures and centers around the question of whether they ought to be changed *in degree*, such that they are less oppressive, or *in kind*, such that they are devoid of oppressive attributes. The second of the two normative issues concerns the perceived costs to the individual of taking action to transform oppressive social structures and deliberates whether or not the individual's perception of the costs of doing so constitutes sufficient reason *not* to take such action. Underlying these differences in opinion are important metaphysical questions concerning the nature and function of oppressive ideologies in nursing education and nursing practice.

That oppressive ideologies function to uphold oppressive social structures in the larger social context of nursing education and nursing practice is not disputed by authors who are party to this conception of emancipatory pedagogy in nursing education. Nor is the belief that oppressive social structures in nursing education and nursing practice *ought* to be transformed (changed). Nevertheless, extant among these authors is disagreement regarding the *amenability* of oppressive social structures (and their underlying ideologies) to change. Hence, while agreeing that nurses *ought* to engage in action to transform oppressive social structures, these authors, at one and the same time, disagree as to whether (or the extent to which) such structures (and ideologies) can be changed. Whereas some nurse educators and scholars may see it as logically inconsistent to, at one and the same time, hold to an ideal, such as the

transformation of oppressive social structures, and to question its attainability, authors who are party to this subject of special controversy view such contradictions as something to be acknowledged and struggled with but not necessarily as something which can (or necessarily need to) be reconciled.

To question whether or not oppressive social structures are indeed amenable to change does not seem unreasonable given, first, that oppressive social structures are upheld by oppressive ideologies which function to maintain the status quo and, second, that disruption of that status quo may, in fact, result in the eventual demise of such oppressive social structures (and potentially their underlying ideologies). Common sense would suggest that under such circumstances, oppressive social structures (and their underlying oppressive ideologies) would not be particularly amenable to such change. This view is reflected in two of the issues which comprise this subject of special controversy.

Consider first the existential issue concerning whether the power to transform oppressive social structures resides within nursing. On one side of this issue are some authors, such as Bevis and Watson (1989), Moccia (1990), and Tanner (1990b), who maintain that not only the power, but also the responsibility, to transform oppressive social structures resides with nursing. On the other side are authors, such as Clare (1993a, 1993b), Diekelmann, Allen, and Tanner (1989), Gray (1995), and Spence (1994), who hold that the power to transform oppressive social structures does not necessarily reside within nursing because, inherent within such social structures, are

factors which render them resistant to change. Underlying this issue are differences in opinion with respect to the manner in which power is exercised. Implicit in the first position is the view that the exercise of power by nurses would have a direct and positive effect on oppressive social structures. Implicit in the second position is the view that power takes the form of a struggle between two opposing forces, both of which are capable of wielding and resisting power. As a consequence, the outcomes of the exercise of power are neither direct nor certain. Furthermore, outcomes other than those intended may result. These opposing views concerning how power is exercised have important implications for the manner in which the power, as well as the responsibility of nurses, to transform oppressive social structures within the larger social context of nursing and nursing education are subsequently conceived.

Implicit in the aforementioned position that nurses possess not only the power, but also the responsibility, to transform oppressive social structures are some noteworthy contradictions. Seemingly, nurses, who are otherwise characterized as being relatively powerless by these authors, are accorded not only with the power but also with what could be interpreted as the sole responsibility for transforming oppressive social structures within the larger social context of nursing education and nursing practice, including the patriarchal health care system. Hence, nurses are charged with responsibility, and presumably accountability, for an oppressive system that is not necessarily of their making. In considering the implications of this charge in light of the said pervasiveness of oppressive ideologies within society and the manner

in which they are said to function in upholding oppressive social structures, one must ask if it is realistic or fair to place such as burden on nurses. Does charging nurses with such a responsibility absolve other health care professionals, including those who are held to perpetuate patriarchal values within that system, of responsibility for taking action to transform oppressive social structures extant within the current health care system? Furthermore, if the desired transformation is not attained, will nurses alone bear the blame and reproach associated with the failure to do so? What implications would such a failure have on nurses' own perceptions of their powerlessness within the system? These are important questions which must be addressed if nurse educators and scholars are to delineate more clearly the powers and responsibilities of nursing in transforming oppressive social structures, including the current patriarchal health care system. Concomitantly, dialogue is required to delineate more clearly the powers inherent within such oppressive social structures (and their underlying ideologies) which render them resistant to change. Although some authors have initiated discussion in the examined literature with respect to some of these questions, further debate is required if nurse educators and scholars are to develop a fuller understanding of how oppressive ideologies function to uphold oppressive social structures in nursing education and nursing practice and to formulate effective strategies for creating changes within such structures.

The view that there are forces inherent in oppressive social structures which render them resistant to change is also evident in the normative issue concerning the

perceived costs of taking action to transform oppressive social structures. The focus of this issue is not so much *where* power resides but rather *how* power, in the form of sanctions (perceived as costs), acts to render oppressive social structures resistant to change. With respect to this issue, some authors, such as Clare (1993a, 1993b), Perry and Moss (1988/89), and Spence (1994), hold that for some individuals the perceived costs of taking action to transform oppressive social structures are such that they may result in a conscious decision *not* to engage in such action. While not denying that there are costs involved in taking such action, Clare nevertheless takes the position that the perceived costs to the individual *do not* constitute sufficient reason not to do so. Her argument turns on the view that failure to take such action consequently resigns nurses to working within such oppressive social structures.

Underlying these two opposing points of view are differences in opinion regarding whether the common good of nursing ought to assume primacy over the good of the individual nurse. More specifically, authors who are party to this issue disagree with respect to whether the individual nurse ought to jeopardize his/her own position within oppressive social structures in nursing education and nursing practice in pursuit of the collective good of nursing which, in this case, is seen to exist in the transformation of such social structures. While such differences in opinion, which require disputation with respect to moral oughts, are not easily resolved, they must be disputed if nurses are to come to a fuller understanding of the costs involved in taking, or not taking, action to transform oppressive social structures in nursing education and

nursing practice. Clare (1993a) reminds us, however, that the failure, by practitioners and students, to take action against oppressive ideologies should not *necessarily* be interpreted as acceptance of those ideologies. She argues that

> when students say [that] 'nothing can be changed'...they are not unknowing victims of ideology. They are expressing what they feel to be a realistic pragmatic view of the situation as they experience it. They necessarily must comply with, and by their actions appear to support institutional ideologies. But an attitude of pragmatic resignation does not mean active ideological support since resignation to what seems inevitable does not necessarily afford it legitimacy or approval. (p. 1035)

Nonetheless, this incongruity between thought and action results in an impasse with respect to transforming ideologies which act to limit or constrain nursing education and nursing practice and does little with respect to resolving the issue at hand. Clare (1993b) does concede that

> [i]t is easier to be radical at the level of ideology...than at the level of socio-political action where nurse teachers and practitioners are more effectively constrained by the daily exercise of power. It is after all at the level of beliefs and interpretations where dominated groups are least constrained and it is at the level of action where dominated groups are most constrained. (p. 285)

Consider next the normative issue concerning the ends sought in transforming oppressive social structures within the larger social context of nursing education and nursing practice. This issue centers around the question of whether such oppressive social structures ought to be changed *in degree*, such that they are less oppressive, or *in kind*, such that they are devoid of oppressive attributes. Whereas Bevis (1989c) and Spence (1994) offer arguments in support of the former, support for the latter is evident in the works of Clare (1993a, 1993b), Lenskyj (1993), and MacLeod and

Farrell (1994). Resolution of this issue demands that nurse educators and scholars join issue with respect to the ends to be sought in seeking to transform such oppressive social structures. If, for example, they stand in support of the first position, which holds that oppressive social structures ought to be changed *in degree* such that they are less oppressive, what degree of oppression would, hence, be deemed acceptable? Or, if, for example, they stand in support of the second position, which holds that such structures ought to be transformed *in kind* such that they are devoid of oppressive attributes, what would the resulting power structures look like? Is it indeed possible to construct social structures which are devoid of all oppressive attributes?

In terms of resolving this normative issue, it may be argued, on the one hand, that until nurse educators and scholars resolve the issue of whether, or the extent to which, oppressive social structures are *amenable* to change, it will be not be possible to ascertain the kinds of changes which are reasonable to seek, and therefore ought to be sought, within such social structures. Contrary to this, others may argue that until nurse educators and scholars join issue with respect to the *goods* to be sought in transforming oppressive social structures in nursing education and nursing practice, they will be unable to determine how such structures ought to be changed in order to attain those goods. Whereas the first of these arguments implies that this issue ought to be resolved on pragmatic grounds (i.e., what is doable), the second implies that it ought to be resolved based on moral grounds (i.e., what is good to seek and do). While there may be yet other approaches to resolving this issue, it is evident, in these

two approaches, that the solutions proposed may vary considerably depending upon the approach taken in resolving it. Based on this, it does not seem unreasonable to suggest that further debate is required among nurse educators and scholars with respect to grounds upon which issues, such as this one, ought to be resolved.

The General Controversy Concerning Emancipatory Pedagogy in Nursing Education

In constructing the general controversy it was found that there is, in the examined literature, scant discourse related to the general controversy concerning emancipatory pedagogy in nursing education. In other words, few authors were found to have joined issue with respect to the question of whether or not a particular subject of special controversy concerning emancipatory pedagogy in nursing education is, or is not, genuinely emancipatory pedagogy in nursing education. Hence, not all of the authors who were party to the four special controversies were found to be part of the general controversy. The authors who are party to the general controversy, and the issues to which they are party, are listed in Table 7.

Two issues were identified as comprising the general controversy concerning emancipatory pedagogy in nursing education. One issue is conceptual in nature; the other is existential in nature. No evidence of normative issues related to the general controversy was found in the examined discourse. In other words, no evidence was found to suggest that one or more of the authors denied that any of the four special subjects of controversy was devoid of value or worth.

The first of these two issues, which is conceptual in nature, centers around the

Table 7
Authors Who are Party to the General Controversy Concerning Emancipatory Pedagogy in Nursing Education

Conceptual issue:
Authors who join issue on the question concerning the genuineness of teaching which functions to foster critical thinking among teachers and students of nursing

Those who claim that teaching which functions to foster critical thinking among teachers and students of nursing is not genuinely emancipatory pedagogy in nursing education: Cameron, Willis, and Crack; Clare; MacLeod and Farrell; and Spence.

Those who offer a rebuttal to the above position: Bevis; French and Cross; Perry and Moss.

Existential issue:
Authors who join issue on the question concerning whether teaching which functions to construct egalitarian relations of power between teachers and students of nursing exists

Those who claim that teaching which functions to construct egalitarian relations of power between teachers and students of nursing is not genuinely emancipatory pedagogy in nursing education because it cannot, and therefore does not, exist: Cameron, Willis, and Crack.

Those who offer a rebuttal to the above position: No evidence of rebuttal to the position of Cameron, Willis, and Crack was found in the examined literature.

question of whether a particular conception of emancipatory pedagogy in nursing education (that is, teaching which functions to foster critical thinking) is genuinely emancipatory pedagogy in nursing education, properly conceived in accordance with the general understanding of emancipatory pedagogy in nursing education, or is, rather, an illusion of it. Whereas authors who are party to this conception of

emancipatory pedagogy in nursing education argue for the incorporation of emancipatory teaching practices and teacher-student relations, their opponents in the general controversy are of the opinion that while such strategies may give the illusion of being emancipatory, they are insufficient by themselves to free teachers and students of nursing from oppressive forces in nursing education and nursing practice. Their argument turns on the view that in order to be genuinely emancipatory, the focus of change must extend beyond the level of the individual nurse educator and/or student to the broader sociopolitical structures which influence nursing education and nursing practice. Hence, in their view, emancipatory teaching practices and teacher-student relations, which are thought to foster critical thinking, are not enough.

Underlying these differences in opinion are important questions concerning the conditions which are necessary and sufficient to free teachers and students of nursing from oppression. In order to answer such questions, nurse educators must first ascertain the kind of freedom sought. Is it the case, as some authors seem to suggest, that freedom from *all* constraints in nursing education and nursing practice is sought? Or is it the case that some kinds of constraints, but not others, are acceptable? Answering such questions demands that nurse educators also join issue on the question of whether it is possible to attain freedom in the absence of all (or only certain kinds of) constraints. These are important questions which must be disputed if nurse educators are to delineate fully the conditions which are necessary and sufficient to attaining emancipatory ends in nursing education. Furthermore, unless answers to

questions such as these are sought, nurse educators will be unable to resolve the issue concerning whether teaching which functions to foster critical thinking is genuinely emancipatory pedagogy in nursing education or is, as is suggested by some authors, only an illusion of it.

The second issue in the general controversy, which is classified as an existential issue, focuses on the question of whether a particular conception of emancipatory pedagogy (i.e., teaching which functions to construct egalitarian relations of power) can or does exist in reality. This issue turns on the question of whether or not power can be shared and, in response to it, two diametrically opposed positions are taken: one which affirms and one which denies that power within the classroom can be shared between teachers and students of nursing. Underlying these differing opinions are substantive differences in the manner in which power is conceptualized which have not been disputed in the examined literature. Until these differences have been carefully examined in terms of their underlying assumptions and their implications for the construction of relations of power between teachers and students of nursing, it will not be possible for nurse educators to discern if one or the other holds more promise in terms of the intended goal of restructuring relations of power between teachers and students of nursing. Nor will it be possible to resolve the issue in the general controversy concerning whether emancipatory pedagogy in nursing education conceived as teaching which functions construct egalitarian relations of power can and does exist. Moreover, it does not seem unreasonable to suggest that the outcome of

such a dispute concerning the nature of power may, in fact, necessitate the reexamination of other conceptions of emancipatory pedagogy in nursing education which have been put forth, in light of their underlying assumptions regarding the nature of power and power relations in nursing education and nursing practice, to determine whether or not they exist as genuine forms of emancipatory pedagogy in nursing education.

The Controversy as a Whole Concerning Emancipatory Pedagogy in Nursing Education

Adler (1958, 1961) defines a controversy as consisting in the dispute of issues by way of arguments both for and against particular positions taken on issues. In light of this definition, it can only be concluded, based on the findings of this research, that relatively few controversies exist in the examined discourse concerning emancipatory pedagogy in nursing education. Although numerous conceptions of emancipatory pedagogy in nursing education have been proffered in the examined nursing education literature, rarely have nurse authors engaged in debate of the conceptions set forth. Several explanations may account for this lack of debate. First, it may be the case that because the notion of emancipatory pedagogy in nursing education is relatively new, sufficient time has not yet been available for such dialogue. Second, it is possible that nurse educators and scholars are of like minds with respect to their conceptualizations of emancipatory pedagogy in nursing education and, as a result, are not in genuine disagreement with each other. Or, third, it may be the case that the conceptions which

have been set forth have thus far simply been accepted without critical examination by nurse educators and scholars. Yet other explanations may also exist. Whatever the case, the number of issues which have been formulated with respect to the conceptions of emancipatory pedagogy which have been put forth in the nursing education literature and the numerous questions posed in the preceding discussion of the findings of this research suggest that there is no lack of substance for further examination and debate.

It is important to note that the issues set forth in this research include only those which have been addressed in the examined literature and, consequently, in the view of the researcher, it would be erroneous to conclude that no other issues exist. One issue, which may be significant and has not been adequately addressed by authors whose works were examined, is the nature of the knowledge required for nursing practice and the relationship between that knowledge and the knowledge sought in emancipatory pedagogy in nursing education. A second concerns whether or not the various approaches to emancipatory pedagogy in nursing education are related to each other. It is evident that many authors have joined issue on more than one subject of special controversy yet there has been scant discussion concerning how (or if) the different functions of emancipatory pedagogy in nursing education are related one to another. Yet a third issue concerns the criteria by which emancipatory pedagogy in nursing education ought to be evaluated. If the current system of accreditation neither allows for, nor is appropriate for, evaluating emancipatory forms of pedagogy in

nursing education, as is suggested by some authors, what are the criteria that ought to be used? And, by what means, and by whom, ought those criteria be decided? It is anticipated that as nurse educators and scholars engage in further debate related to their conceptions of emancipatory pedagogy in nursing education, yet other issues related to it will also be identified.

Limitations of this Study

Despite the utility of the dialectic method in setting forth the controversies, both general and special, concerning emancipatory pedagogy in nursing education, this study is not without its limitations. Its findings must, therefore, be considered in light of these limitations.

Two potential limitations arise from the means used to select the works which were included in the analysis. One concerns the comprehensiveness of the works selected. While the researcher endeavoured to ensure that the selection and identification of relevant literature was comprehensive, it is recognized that this goal may not have been realized because some relevant works may have been inadvertently omitted. To safeguard against this, the researcher revisited the published nursing education literature repeatedly during the course of the analysis to ensure that the documents retrieved indeed were representative of the conceptualizations of emancipatory pedagogy in nursing education set forth by nurse educators and scholars. Despite this, some ideas relevant to the analysis may have been inadvertently overlooked. To the extent that the documents selected are representative, the goal of

comprehensiveness can be said to be attained. In reading this work, the reader is invited to judge, for him/herself, the comprehensiveness of the literature selected for analysis.

A second limitation is related to the fact that, in keeping with the stated purposes of the study, works were selected *only* if they directly pertained to the general or special controversies concerning emancipatory pedagogy in nursing education. Hence, the literature selected for analysis is not necessarily reflective of the full range of thinking concerning emancipatory pedagogy in general; nor is it necessarily reflective of breadth and depth of emancipatory thought in nursing in general. While such thinking may be reflected in the findings of this study, it is reflected only inasmuch as authors whose works were selected for analysis cited that work in developing their conceptualizations of emancipatory pedagogy in nursing education.

A third limitation of this study stems from the fact that it is limited to the descriptions of emancipatory pedagogy in nursing education available in the published literature. In some cases, these descriptions contained ideas which were only implicitly stated by authors and, as a result, a fair degree of interpretation was required on the part of the researcher in constructing the controversies concerning emancipatory pedagogy in nursing education. To guard against potential bias, the researcher endeavoured to construct these controversies in an impartial and neutral manner. Inasmuch as was possible, direct quotes were used as evidence of the positions of the

various authors. Interpretations of the researcher were continually checked against the authors' original works to ensure that they accurately reflected authors' works and were discussed with the researcher's supervisory committee. The degree to which the resulting interpretations of the researcher can be considered to be valid is dependent on the degree to which they are faithful to the original materials and the degree to which they are supportable by reference to what the authors explicitly do say about emancipatory pedagogy in nursing education. Hence, the findings of this study are open to examination in light of the evidence offered.

A fourth limitation of this study is related to the dialectic method itself. The dialectic method, as described by Adler (1958, 1961), seeks to identify issues which exist among authors with respect to a particular subject of controversy. Underlying this method is a moderate realist view of reality and truth, which admits no contradictions. Thus, in constructing the issues, authors are positioned on one, or another, side of an issue and it is assumed that, through rational debate, contrary and/or contradictory views can (and must be) be reconciled in order to resolve the issues at hand. However, in constructing the issues comprising the special controversies concerning emancipatory pedagogy in nursing education, it was evident that many of the authors who were party to the special subjects of controversy were of the view that contradictions can and do exist as dynamic tensions between opposing forces and that such contradictions (tensions) cannot necessarily be fully resolved (nor need they be). For example, Shor and Freire (1987) hold that while dialogue implies

the absence of authoritarianism, it, at the same time, involves a permanent tension between authority and liberty. Likewise, Bevis and Murray (1990) speak of the dialogical tension inherent in lecture, "the tension between the need to learn to think critically...and the contravening need for the information or content upon which critical thinking can operate....Even though lecture is oppressive...it remains an effective way to disseminate information - thus the tension" (p. 327). Unlike problems which may be solved with some degree of certainty, Shor and Freire maintain that contradictions require a continual struggle between opposing forces. In remaining faithful to the dialectic method, as described by Adler, it was difficult to capture this notion of contradiction and struggle in the reported findings of this study, limiting, to some extent, the extent to which the dialogical tensions extant in the works of some authors are reflected herein.

Recommendations for Further Scholarship

Over the past ten years there has been a proliferation of works published by nurse educators and scholars with respect to conceptions of emancipatory pedagogy in nursing education and these authors are to be commended for their efforts. Thinking with regard to emancipatory pedagogy in nursing education is different from, and oft times contrary to, traditional ways of thinking about nursing education. Furthermore, authors writing about emancipatory pedagogy in nursing education often differ with respect to their understandings and conceptions of emancipatory pedagogy in nursing education. As a result, confusion and misunderstandings may occur as other nurse

educators and scholars try to understand this new way of thinking about teaching (and learning) in nursing education.

In having set forth the controversies extant within the discourse concerning emancipatory pedagogy in nursing education, this study has contributed to the attainment of a clearer understanding of it by laying the groundwork for future philosophic debate. Identification of the controversies inherent in the published literature, and thus the points of genuine agreement and disagreement which underlie the diversity of thought about the nature, existence, and value or worth of emancipatory pedagogy in nursing education, should facilitate future dispute of the issues comprising these controversies. In addition, the questions and potential issues raised in the discussion of the findings of this research suggest yet other aspects of emancipatory pedagogy in nursing education which warrant further discussion and debate. Ultimately, a clearer understanding of emancipatory pedagogy in nursing education, to be gained through the debate of such issues and questions, will assist nurse educators in forming critical judgements regarding the pursuit and development of such a pedagogy in nursing education.

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Appendix 1
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